URBAN DISTRICTS

of

BENFLEET, CANVEY ISLAND

and RAYLEIGH

HEALTH REPORT

for the year

1951

Annual Report of the Medical Officer of Health for the Year 1951

Public Health Department,
London Road,
Hadleigh, Essex.

To the Chairman and Members of each of the Urban District Councils of Benfleet, Canvey Island and Rayleigh.

Ladies and Gentlemen,

I have the honour to present, for your consideration, my consolidated Annual Report on the health and sanitary circumstances of each of your Urban Districts for the year 1951, prepared in accordance with the requirements of Ministry of Health Circular 42/51 dated 10th December, 1951. This endeavour represents my Twenty-Fourth Annual Report for the Canvey Island Urban District and my Twenty-second for both the Benfleet and Rayleigh Districts.

In presenting this report, I wish to lay emphasis on the fact that the prevention of disease and sickness is still as important today as it was a few hundred years ago when the loss of life through uncontrolled epidemic disease was unbelievable, and that Preventive Medicine is still the section of the Medical Profession which should have priority as a worthwhile investment. It is good to remember that the Public Health Service is not static, but is like an army on the march, advancing over uncharted ground and prepared to meet every problem as it arises.

Progress in health is generally achieved through the efforts of an industrious and persistent minority of people, well informed about the facts and having their objective clearly in view. To the Public Health official the price of sound public health is eternal vigilance, and without any hope of declared dividend, the work goes on from day to day against the relentless onslaught of dirt and disease. A well known doctor recently stated that one of the greatest difficulties was that Preventive Medicine was not spectacular and seldom had the news value which the Press found so alluring in other branches of Medicine. One saw this in the case of tuberculosis, which got little of the publicity that it merited, for its prevention ; while poliomyelitis, on the other hand, got too much of the wrong sort. The same doctor stated that the Public Health Service had always been too modest about its achievements and went on to advocate that we should put more goods in our shop windows and blazon from the house-tops the part played by the Public Health Service in such measures as the reduction of the infant mortality and the maternal mortality.

It is said that the world exists for the education of man, and how true this is when it comes to the health of the community. We are waging war against three of our greatest enemies—ignorance, inertia and indifference. If one considers what has been done to prolong life, promote health and thereby add to the dignity of man, it will be easy to appreciate the worth

of every farthing invested in the fight against disease through the efforts of all engaged in the practice of Preventive Medicine, both professional and lay.

Yet today, vast sums are being spent and laid aside for spending, on the Curative side of Medicine. For the year 1952 it is estimated that £272 million will be needed for the Hospital and Ancillary Services. This is an increase of £21 million over the amount needed in 1951. In the year 1949–50 the costs of the National Health Service were in the region of £407 million for that part of the Service covered by Hospitals, Specialists, Family Doctors, Chemists, Dentists, Oculists, etc., whereas Local Authority Services (including Prevention) were about £31 million. This leads one to believe that far too much money and attention is being devoted to Curative as opposed to Preventive Medicine. As a nation that is struggling to keep solvent, is it not high time that the latter Service was reconsidered in its many aspects ? For instance, far more thought should be given to removing the basic causes of 90 per cent. of ill-health—bad environment at home and work, bad habits of living and faulty nutrition in the widest sense. It is so much easier to treat existing patients than it is to carry out investigations into the cause of the illness and to institute measures of preventing them.

Of all the examples which might be cited for the need to build social medicine on existing Public Health practice, the outstanding one is housing. In insanitary areas you have high death and infant mortality rates, high respiratory and other infectious incidence and death rates. The question might also be asked " What about inadequate or unsuitable nutrition " ?

In November last Sir Henry Cohen stated at a Council Dinner of the British Medical Association that " It was necessary to devise appropriate and acceptable means of ensuring that the knowledge and skills which were necessary to conserve health and save life were available to all. But this responsibility did not lie solely with the Medical Profession or with the Government : it lay with the people of this Country. It was customary to speak of the nation's responsibility and the nation's advantage, but it was the responsibility of each individual and his advantage. The common health was everybody's responsibility and everybody's advantage " .

Integration of all branches of the National Health Service MUST be achieved and so must the opening of a new era in Public Health work. This is recognised as a basic fact and all water-tight barriers should be swept away. Each and every qualified medical practitioner, whether he be the Family Doctor, Specialist or Medical Officer of Health, must co-operate in the best interest of the community and not in sectional layers. One should not lose sight of the trees for the wood.

So far as I am concerned in this Department, it has always been my pleasure and privilege to associate with General Medical Practitioners on the most cordial of terms. Their goodwill and co-operative spirit has played no small part in the Public Health work undertaken by myself and staff. All this is the more appreciated when one considers the heavy burden which the family-doctor has to bear nowadays under the National Health Service. I am convinced that this generous measure of co-operation is reflected in the well-being of the health services generally in South-East Essex.

Whilst speaking of the family doctor, it is indeed gratifying to mention that the Councils in their wisdom have seen fit to make a regular appointment of Dr. P. G. C. Jones, of Hockley—a local Medical Practitioner who has a keen interest in Preventive Medicine—to act as my *locum* when I am unable to act.

I would like to pay tribute to the inspectorial staff of the three District Councils for their energetic co-operation throughout the year and for their contribution to the substance of this report. Similar appreciation is readily expressed to all members of the Public Health staff for their loyal support during the year.

Also, may I express my sincere thanks to the Members of each District Council for their sympathetic assistance and helpful consideration of many problems during the past year. This has meant much to the smooth running of the Department.

Finally, some years ago I published my ten commandments of health. May I crave your indulgence in the submission of the 1951 version—

Ten Commandments of Health, Hygiene and Happiness.

1. Thou shalt make good use of fresh air and sunlight in thy dwelling.
2. Thou shalt indulge in sufficient sleep at the right time.
3. Thou shalt be clean in thy person and habits.
4. Thou shalt take care of thy teeth that thy days may be long in the land.
5. Thou shalt safeguard thy food from contamination by flies, dust and dirt.
6. Thou shalt feed on a balanced and nutritious diet.
7. Thou shalt not allow thy radio, pets or children to cause a breach of the peace.
8. Thou shalt warn and instruct thy children in the dangers of the road.
9. Thou shalt take care to prevent accidents in the home.
10. Thou shalt not steal thy children's right to health and happiness.

' Life is not to be alive, but to be well '.

I beg to remain,

Your obedient Servant,

NORMAN LORRAINE,

F.R.S.E., M.D., M.B., Ch.B., D.P.H.,
R.C.P.S. (Edin.) & R.F.P.S. (Glas.), M.R.San.I.

July, 1952.

PUBLIC HEALTH COMMITTEES.

Benfleet Urban District—

Councillor L. A. G. Cunnington (Chairman).
Councillor H. A. Bridge, J.P.
Councillor H. R. Bridge
Councillor S. Corbett
Councillor J. E. Daniels
Councillor G. H. FitzGerald
Councillor I. C. Harris
Councillor E. E. J. Jeanes
Councillor P. C. Palmer
Councillor I. J. Smith
Councillor S. R. Smith

Canvey Island Urban District—

Councillor E. G. Shillum (Chairman)
Councillor Mrs. D. G. Elkington
Councillor Lt.-Col. H. P. Fielder, T.D.
Councillor Mrs. E. M. Fisk, J.P.
Councillor A. S. Fuller
Councillor S. J. Girling
Councillor F. Leach
Councillor S. C. Marson
Councillor A. C. Mason, J.P.

Rayleigh Urban District—

Councillor Mrs. F. M. Cottee, J.P. (Chairman)
Councillor F. Alexander, J.P.
Councillor E. G. Collins
Councillor A. V. Cullington
Councillor M. Freund
Councillor C. Lawrence
Councillor A. R. Mutimer (as from 17–12–51)
Councillor E. E. Osborne
Councillor R. A. Scholard
Councillor E. Trippier
Councillor S. J. Watson (died 1–12–51)

COMPOSITE PUBLIC HEALTH COMMITTEE.

Representatives for Benfleet Urban District—

Councillors H. R. Bridge, L. A. G. Cunnington, J. E. Daniels.

Representatives for Canvey Island Urban District—

Councillors Mrs. D. G. Elkington, S. J. Girling (Chairman), E. G. Shillum.

Representatives for Rayleigh Urban District—

Councillors A. V. Cullington from December, 1951. E. E. Osborne, E. Trippier, S. J. Watson (died 1–12–51).

PUBLIC HEALTH STAFF.

Medical Officer of Health	..	Norman Lorraine, F.R.S.E., M.D., M.B., Ch.B., D.P.H., M.R.San.I.
Locum to Medical Officer of Health	..	P. G. C. Jones, M.R.C.S., L.R.C.P., D.P.H.
Secretary to Medical Officer of Health	..	R. F. Stripp.
Sanitary Inspectors ..	..	J. E. Gilbert, M.R.San.I., M.S.I.A., Senior Sanitary Inspector, Benfleet U.D.C.
		P. Sanders, M.S.I.A., Additional Sanitary Inspector, Benfleet U.D.C.
		Donald J. Legg, M.R.San.I., M.S.I.A., Senior Sanitary Inspector, Canvey Island U.D.C.
		A. P. J. Cook, A.R.San.I., M.S.I.A., Assistant Sanitary Inspector, Canvey Island U.D.C.
		E. H. Lloyd, M.R.San.I., M.S.I.A., Sanitary Inspector, Rayleigh U.D.C.
Clerical Assistants ..	..	A. J. Hart, A.C.C.S., Benfleet U.D.C.
		Miss D. J. Kentfield, Canvey Island U.D.C.
		E. S. Lander, Rayleigh U.D.C. (part-time only to Sanitary Inspector's Department).

SECTION "A".

STATISTICS AND SOCIAL CONDITIONS OF THE AREA.

	Benfleet	Canvey Island	Rayleigh
Area (in acres)	6,360	6,350	5,732
Inhabited houses at 31st December, 1951 (according to Rate Book)	6,868	4,302	2,980
Population (Census—April, 1951)	19,881	11,255	9,388
Population (Registrar-General's estimate—Mid-year 1951)	19,760	11,050	9,320
Population (Children under 15 years) ..	4,172	2,610	1,957
Rateable Value	£120,798	£50,175	£61,750
Sum represented by a Penny Rate ..	£485	£192	£247
Rateable Value per head of the estimated population	£6.11	£4.54	£6.62

Explanation : The differences between the Census figures for the Population and the Mid-year estimate were queried with the Registrar-General and the following explanation has been provided—"The mid 1951 estimates of population for local areas have been based upon the preliminary results of the 1951 Census, adjustments being made for persons enumerated away from their area of usual residence, and for the population movement between Census day, the 8th April, and the middle of the year. (The adjustments for usual residence were necessary because the estimates must relate to the population *normally resident* in the area, and the preliminary Census figures are in respect of persons *enumerated* in the area on Census day). The figures thus arrived at have then been subjected to a slight rateable adjustment as they must aggregate to the estimate for England and Wales as a whole, a figure which is calculated independently".

The estimates of the child population are published with the authority of the Registrar-General, who has advised me that these "are based upon data generally less in extent and lower in quality than are available for the 'all ages' estimates and are, in consequence, subject to a larger margin of error".

SOCIAL CONDITIONS.

South-East Essex, which, in addition to these Districts, includes the Rural District of Rochford, the Urban District of Billericay and the County Borough of Southend-on-Sea, has a natural charm and attraction for the multitudes of the great Metropolis who either seek a temporary or permanent change from the hustle and bustle of city life.

The geographical position associated with these three Districts provides many advantages. Canvey Island has a natural provision for seaside activities. The Benfleet Creek in the south, separating Canvey Island from the mainland, and the River Crouch in the north, provide excellent boating facilities. Hadleigh and Thundersley, picturesque parishes of the Benfleet Urban District, whilst being a little inland, have easy access to the water at Leigh-on-Sea or South Benfleet and Canvey Island. The woodlands, commons and downs—the latter graced by the ruins of Hadleigh Castle—an ancient

monument under the care of the Ministry of Works—provide many pleasant walks. Rayleigh, furthest away from the Estuary, enjoys a very healthy position and the highest point is 255 feet above sea level. Grand views over the surrounding countryside are a most pleasing factor. The River Crouch which forms the northerly boundary of the District, provides water access to the North Sea. Rayleigh has played a prominent part in British history and Rayleigh Mount—the site of Rayleigh Castle and now under the care of the National Trust—the Dutch Cottage in Crown Hill and the Martyr's Memorial in the High Street, are reminders of the past.

Although a considerable number of residents travel to their employment in London or Southend each day, there is an increasing percentage of people employed in local industries which have developed considerably in recent years. In the Benfleet Urban District there are two large factories in the parish of Hadleigh, one being a Children's Clothing manufacturer and the other a Dyers and Cleaners—one of the principal firms for this work in southern and central Essex. There is another large clothing factory in the Great Tarpots area of South Benfleet, where hundreds of girls and women are employed. On the Arterial Road west of the Weir Roundabout there is a shoe factory. Since the war, two factory estates have developed for light industrial purposes. One is in the Great Tarpots area and the other on the Arterial Road east of the Weir. Some of the commodities manufactured by the new firms operating on these estates are invalid chairs, joinery, pre-cast structures, buttons, tickets, etc., The Rayleigh Speedway Stadium situate on the Benfleet side of the Arterial Road attracts large numbers of people to the various sporting events with varying advantages as well as disadvantages.

Much of local employment at Canvey Island is seasonal, although there are a few factories which employ quite a number of people. The industries concerned include Radio Components, Sheet Metal, Clothing, Book-Binding, a Saw Mill, and Oil Storage, the latter occupying an extensive area around Hole Haven. However, Canvey Island is rapidly developing as a Holiday Centre and a large modern Holiday Camp for caravans and chalets now attracts many thousands of visitors each year. In addition, there are two other licensed Caravan Camps on the Island. A small industry worthy of mention is the manufacture of racing canoes at Small Gains. Canoes made by this local firm have international repute.

A very interesting industry in the Rayleigh District is a large Mousery where innumerable species of mice are bred for scientific research purposes and are understood to have a very wide distribution. Other industries in Rayleigh include a cooked meat factory where sausages and pies are manufactured under very hygienic conditions, the manufacture of bakerlite and plastic articles, the manufacture and provision of horticultural supplies and a large furniture factory which is a product of post war industrial development.

The building trade is gradually taking its place in local industry as the need for more housing is dealt with by the progressive local authorities. With the change of Government policy regarding the issue of licences, increased activity has been noticeable both among private and municipal building. One local firm in the Benfleet Urban District which did a large amount of estate development in South-East Essex before the war is now believed to undertake Local Government contract work over a wide area

and absorbs a large amount of local labour. Since the war 1,049 houses, bungalows and flats have been built in these three Districts and 149 were in course of erection at 31st December, 1951.

Agriculture and market gardening also provide employment for a fair percentage of the population, especially in Thundersley, Rayleigh and Rawreth areas. On the downs of Hadleigh the Salvation Army Land and Industrial Colony farm quite a large area. The produce finds its way into the usual commercial channels in the various localities.

The welfare of the aged is a very vital question for these areas which have 50 per cent. more old people than the Country's average on account of the natural attraction to retired folk who desire to migrate to peace and quiet from the London area. At present there is neither hostel nor institutional accommodation available in these areas under the provisions of statutory legislation, e.g. the National Assistance Act, for whom the Essex County Council as Welfare Authority, are responsible. The nearest accommodation provided under the Act is at St. Andrew's Hospital, Billericay ; St. John's Hospital, Chelmsford ; St. Peter's Hospital, Maldon ; and the Hostel at 79–81, Western Road, Brentwood. In Rayleigh there are two Homes for Old People. One is run in an excellent manner by the Field Lane Institution for aged folk from the Field Lane area of the East End—this is chiefly a holiday centre. The other is run by the West Ham Corporation for old people from that area. The need for the provision of statutory accommodation locally for the aged of the district is really urgent and it is hoped that the Essex County Council will meet this need in the near future.

Much interest is being shown in the County Council's Development Plan prepared in accordance with the Town and Country Planning Act, 1947. Conservative estimates of the combined population of these Districts by 1971 are 52,250. When it is considered that in the last 10 years the population of Benfleet, Canvey Island and Rayleigh, together has increased by 37.8 per cent. from 29,381 in 1941 to 40,500 in 1951, one wonders whether the County Council under-estimate the progressiveness of these Districts. However, it must be borne in mind that the 1941 population was below average, being depleted by war-time evacuation and that since the war when people have become more settled, population increases have progressively decreased each year. In 1947 the increase for the three districts was 2,058, whereas in 1951 it was only 136. Of course, another factor bearing on population trends is the not inconsiderable number of people emigrating to the Colonies and there is reason to believe that these Districts have provided their share of would-be pioneers to pastures new in search of prosperity. Whilst speaking of population increases, it is interesting to note that since 1938 the population of these Districts has increased by 33.3 per cent., whereas the population of Southend only increased by 9.9 per cent. and the Billericay Urban District by 24.5 per cent. This Development Plan also shows that during the next 20 years it is intended to erect 1,475 houses at Canvey Island, 1,660 in the Benfleet Urban District and 1,750 in the Rayleigh Urban District. Other points worth noting are the provision of a high level bridge across the Benfleet Creek to facilitate communications between the mainland and Canvey Island, and a new road linking the Wickford–Rayleigh Road at Rawreth with the London–Southend Arterial Road at Thundersley.

EXTRACTS FROM VITAL STATISTICS OF THE YEAR.

	Benfleet			Canvey Island			Rayleigh		
	M	F	Total	M	F	Total	M	F	Total
Live Births :	115	124	239	96	110	206	54	75	129
Legitimate	108	120	228	90	105	195	51	73	124
Illegitimate	7	4	11	6	5	11	3	2	5
Still Births :	3	3	6	—	1	1	1	2	3
Legitimate	3	2	5	—	1	1	1	2	3
Illegitimate	—	1	1	—	—	—	—	—	—
Deaths :	162	141	303	85	72	157	65	66	131
Birth Rate per 1,000 of the estimated resident population	12.1			18.6			13.8		
Stillbirth Rate per 1,000 total (live and still) births	24.5			4.8			22.7		
Death Rate per 1,000 of the estimated resident population	15.3			14.2			14.1		

There were no deaths from puerperal causes in any of the three Districts during 1951.

Death Rate of Infants under one year of age :			
Total number of infant deaths	7	3	—
All infants per 1,000 live births	29.3	14.6	—
Legitimate infants per 1,000 legitimate live births	30.7	15.4	—
Illegitimate infants per 1,000 illegitimate live births	—	—	—
Deaths of infants under four weeks of age ..	5	3	—

COMPARATIVE TABLE OF BIRTH, DEATH AND INFANT MORTALITY RATES DURING THE YEAR 1951.

	Rate per 1,000 resident population		Deaths under one year per 1,000 registered live births
	Live Births	Deaths from all causes	
England and Wales	15.5	12.5	30
126 County Boroughs and Great Towns, including London	17.3	13.4	34
148 Smaller Towns. Resident population 25,000 – 50,000 at 1931 Census	16.7	12.5	28
London Administrative County	17.8	13.1	26
BENFLEET U.D.	12.1	15.3	29
CANVEY ISLAND U.D. ..	18.6	14.2	15
RAYLEIGH U.D.	13.8	14.1	—

COMPARATIVE TABLE OF BIRTH, DEATH AND INFANT MORTALITY RATES FOR THE YEARS 1947–1951.

Year	Birth Rate	Death Rate	Infant Mortality Rate
Benfleet U.D.			
1947	19.4 ..	15.6 ..	20.9
1948	16.1 ..	14.3 ..	41.3
1949	15.4 ..	14.3 ..	36.5
1950	12.9 ..	14.1 ..	35.4
1951	12.1 ..	15.3 ..	29.3
Canvey Island U.D.			
1947	23.8 ..	13.1 ..	29.3
1948	18.1 ..	14.7 ..	42.1
1949	17.8 ..	12.2 ..	10.6
1950	16.5 ..	14.1 ..	39.3
1951	18.6 ..	14.2 ..	14.6
Rayleigh U.D.			
1947	22.0 ..	15.9 ..	26.2
1948	17.3 ..	9.5 ..	12.5
1949	15.9 ..	16.2 ..	47.0
1950	13.1 ..	11.9 ..	16.1
1951	13.8 ..	14.1 ..	—
Average for last five years :			
England and Wales	17.3 ..	11.7 ..	33.3
Benfleet U.D. ..	15.2 ..	14.7 ..	32.7
Canvey Island U.D.	19.0 ..	13.7 ..	27 2
Rayleigh U.D. ..	16.4 ..	13.5 ..	20.4

POPULATION STATISTICS.

Year	Benfleet U.D.	Canvey Island U.D.	Rayleigh U.D.
1930	11,900 ..	3,530 ..	6,256
1935	14,160 ..	5,584 ..	7,232
1940	15,140 ..	5,240 ..	7,810
1945	17,350 ..	7,960 ..	7,539
1950	19,720 ..	10,800 ..	9,474
1951 Census ..	19,881 ..	11,255 ..	9,388

Note : The 1951 Census revealed that Canvey Island showed the highest increase in population for the County of Essex since the previous Census in 1931. That increase was 218.7 per cent.

DEATHS AT VARIOUS AGES DURING 1951.

Age	Number in District	Deaths. Outward Transfers	Inward Transfers	Number of deaths which apply to District
Benfleet U.D.				
Under 1 year	3	—	4	7
1 and under 2	—	—	—	—
2 ,, ,, 5	—	—	—	—
5 ,, ,, 15	—	—	2	2
15 ,, ,, 25	—	—	—	—
25 ,, ,, 35	1	1	2	2
35 ,, ,, 45	6	1	4	9
45 ,, ,, 55	8	—	8	16
55 ,, ,, 65	23	4	19	38
65 ,, ,, 75	65	2	27	90
75 and upwards	107	11	43	139
Totals for Benfleet	213	19	109	303
Canvey Island U.D.				
Under 1 year	—	—	3	3
1 and under 2	—	—	—	—
2 ,, ,, 5	—	—	1	1
5 ,, ,, 15	—	—	—	—
15 ,, ,, 25	1	—	—	1
25 ,, ,, 35	2	—	1	3
35 ,, ,, 45	1	—	2	3
45 ,, ,, 55	4	—	5	9
55 ,, ,, 65	16	1	8	23
65 ,, ,, 75	34	1	12	45
75 and upwards	48	1	22	69
Totals for Canvey Island	106	3	54	157
Rayleigh U.D.				
Under 1 year	—	—	—	—
1 and under 2	—	—	—	—
2 ,, ,, 5	1	—	—	1
5 ,, ,, 15	1	—	1	2
15 ,, ,, 25	1	1	1	1
25 ,, ,, 35	—	—	2	2
35 ,, ,, 45	1	1	3	3
45 ,, ,, 55	9	1	2	10
55 ,, ,, 65	9	—	7	16
65 ,, ,, 75	24	1	12	35
75 and upwards	42	—	19	61
Totals for Rayleigh	88	4	47	131

COMMENTS ON VITAL STATISTICS.

The statistics provided by the Registrar-General for 1951 reveal some interesting facts concerning the health of the local inhabitants.

The Birth Rate for Benfleet continued to decline and the figure of 12.1 was the lowest since 1935, when it was 11.6. Canvey Island, on the other hand, showed a marked improvement and the Birth Rate there, 18.6, was the highest since the post-war peak in 1947. The rate for Rayleigh, 13.8, although improved upon the figure for Benfleet, was also much lower than the rate for England and Wales.

Each of these three Districts maintained a Death Rate in excess of the rate for the Country as a whole, e.g. 14.5 as against 12.5, thus providing a further reminder that the proportion of elderly residents is unusually high. This undue proportion of elderly people in the local population must perforce be an influencing factor in the low Birth Rate generally prevailing. These Death Rates, however, were not excessive when related to the general trend in these areas. It is interesting to note that 74 per cent. of all deaths in the three Districts were in respect of persons over 65 years of age. South-East Essex, excluding the County Borough of Southend-on-Sea, had the highest death rate for the whole of the County of Essex during 1951, e.g. 14.0. The average death rate for the County was 10.6.

The Infant Mortality Rate for the three Districts was only 14.6 as against 29.6 for England and Wales. Treating each District separately, Benfleet with a rate of 29.3, showed a sound improvement to last year and kept in line with the national figure. Canvey Island's rate of 14.6 was almost a third of last year's, and fell to the third lowest rate that has been recorded in the District, the lowest being in 1940, when a nil rate was recorded. Rayleigh surpassed all previous records and became the proud possessor of a nil rate. The previous lowest was 6.8 in 1946.

Of the 10 infants under one year of age who died during the year, seven died from either prematurity or other conditions associated with the new-born, and three died from broncho-pneumonia or other respiratory conditions.

To rectify the inequality of Birth and Death Rates owing to the uneven distribution of age groups throughout the Country, the Registrar-General has again issued the " Comparability Factor ". The application of the given " Factor " both for Birth and Death Rates as shown in the following tables, has the effect of raising the Birth Rate and lowering the Death Rate. The uneven balance of the upper age groups in each of these three Districts cause the Birth and Death Rates to appear unfavourable when compared with the Rates for England and Wales, whereas the hypothetical rates and figures arrived at after the " Comparability Factor " has been applied show what the local rates would be, if these Districts had a distribution of population common to the Country at large.

BIRTHS.

	Comparability Factor	Actual Number	Actual Rate	Amended Number	Amended Rate
Benfleet U.D.	1.12	239	12.1	268	13.6
Canvey Island U.D.	1.11	206	18.6	229	20.6
Rayleigh U.D.	1.11	129	13.8	143	15.3

DEATHS.

Benfleet U.D.	0.73	303	15.3	221	11.2
Canvey Island U.D.	0.80	157	14.2	126	11.4
Rayleigh U.D.	0.76	131	14.1	100	10.7

It will be seen that these adjusted Rates are more favourable and relate the local figures much closer to the national ones. The combined Birth Rate for the three Districts is 16.5 as compared with 15.5 for the Country as a whole and Canvey Island has the high Rate of 20.6, thus helping to balance Benfleet's lower rate of 13.6. The total births for the adjusted Rate amount to 640 as compared with the factual figure of 574.

From the mortality standpoint, each District, hypothetically speaking, had a Rate lower than the 12.5 Rate for England and Wales and the combined Rate of 11.1 compares very favourably. The amended figure shows there would have been 447 deaths as against the actual figure of 591, a difference of 144 .

CAUSES OF DEATH DURING 1951.

		Benfleet U.D.			*Canvey Island U.D.*			*Rayleigh U.D.*		
		Male	*Female*	*Total*	*Male*	*Female*	*Total*	*Male*	*Female*	*Total*
	All causes	162	141	303	85	72	157	65	66	131
1.	Tuberculosis, respiratory	7	1	8	1	3	4	2	—	2
2.	Tuberculosis, other	—	—	—	—	—	—	—	—	—
3.	Syphilitic disease	—	—	—	1	—	1	2	—	2
4.	Diphtheria	—	—	—	—	—	—	—	—	—
5.	Whooping Cough	—	—	—	—	—	—	—	—	—
6.	Meningococcal infections	—	—	—	—	—	—	—	—	—
7.	Acute Poliomyelitis	—	—	—	—	—	—	—	—	—
8.	Measles	—	—	—	—	—	—	—	—	—
9.	Other infective and parasitic diseases	—	—	—	—	—	—	—	—	—
10.	Malignant Neoplasm, stomach	5	1	6	3	2	5	2	—	2
11.	Malignant Neoplasm, lung, bronchus	6	2	8	6	—	6	1	1	2
12.	Malignant Neoplasm, breast	—	3	3	—	1	1	—	1	1
13.	Malignant Neoplasm, uterus	—	2	2	—	1	1	—	3	3
14.	Other malignant and lymphatic neoplasms	14	10	24	6	10	16	4	6	10
15.	Leukæmia, aleukæmia	1	—	1	1	—	1	1	1	2
16.	Diabetes	1	—	1	—	1	1	—	—	—
17.	Vascular lesions of nervous system	20	31	51	3	14	17	4	11	15
18.	Coronary disease, angina	23	9	32	15	6	21	10	6	16
19.	Hypertension with heart disease	5	3	8	2	2	4	2	—	2
20.	Other heart disease	28	48	76	15	16	31	16	12	28
21.	Other circulatory disease	4	3	7	2	4	6	3	2	5
22.	Influenza	5	2	7	2	—	2	1	—	1
23.	Pneumonia	11	8	19	5	3	8	3	4	7
24.	Bronchitis	11	3	14	7	4	11	3	3	6
25.	Other diseases of respiratory system	1	2	3	2	1	3	—	—	—
26.	Ulcer of stomach and duodenum	—	—	—	1	—	1	2	—	2
27.	Gastritis, enteritis and diarrhoea	—	—	—	—	—	—	—	—	—
28.	Nephritis and nephrosis	—	1	1	—	—	—	—	1	1
29.	Hyperplasia of prostate	1	—	1	—	—	—	2	—	2
30.	Pregnancy, childbirth, abortion	—	—	—	—	—	—	—	—	—
31.	Congenital malformations	3	1	4	—	—	—	—	1	1
32.	Other defined and ill-defined diseases	12	8	20	8	3	11	6	11	17
33.	Motor Vehicle accidents	1	—	1	2	—	2	1	—	1
34.	All other accidents	1	2	3	3	—	3	—	1	1
35.	Suicide	2	1	3	—	1	1	—	2	2
36.	Homicide and operations of war	—	—	—	—	—	—	—	—	—

SECTION "B".

GENERAL PROVISION OF HEALTH SERVICES FOR THE AREA.

Laboratory Service.

The aim of the Public Health Laboratory Service, as directed by the Medical Research Council of the Ministry of Health, is to assist Medical Officers of Health in the investigation of disease and to suggest advice on new techniques, but not in any way to interfere with the work or duties of local health authorities.

The local Public Health Laboratory is located at the Westcliff Hospital, Balmoral Road, Westcliff-on-Sea, with Dr. R. Pilsworth as the Director in Charge, and facilities exist for the examination of most types of specimens free of charge to the Local Authorities. The close proximity of this Laboratory is a great advantage to these Districts.

Certain specimens associated with water and sewage, however, still have to be sent to the Counties Public Health Laboratories in London where the County Council have arrangements for specimens to be examined without charge to the Local Authorities.

The following is a summary of the specimens examined by these Laboratories :—

Foods of various kinds	10 samples
Ice Cream	61 samples
Milk, dried	1 sample
Milk, fresh (various grades)	37 samples
Water	17 samples

Ambulance Service.

The whole of the three Districts are very effectively covered by the County Ambulance Service which provides a fleet of modern fully equipped vehicles and some with wireless control. The main ambulance station is centrally located at Kenneth Road, Thundersley, telephone South Benfleet 2323, and covers the Benfleet and Rayleigh Urban Districts, although extending to the adjacent areas of the Billericay Urban and Rochford Rural Districts. Canvey Island, being off the mainland, has its own ambulance station situated at the Council Offices in Long Road, telephone Canvey 161. In the Hadleigh area the Emergency System (Dial 999) is in force for emergency calls. In other areas, callers on the telephone simply have to ask the Operator for an Ambulance where urgency is involved. Non-emergency calls should still be made by a responsible person via the County Ambulance Officer at Chelmsford, telephone Chelmsford 4801, stating (1) if a trained nurse is required, (2) if a sitting case car is required, and (3) in respect of a case of Infectious Disease an indication of the nature of the disease as pronounced by the Medical Attendant.

Requests for the removal of cases of infectious disease are usually made to the Medical Officer of Health or his staff when arrangements are made accordingly. All infectious cases are carried in the ordinary ambulances of the County Ambulance Service with the exception of Smallpox and Typhus. It is understood that disinfection is always undertaken after each infectious case has been removed.

The following information has been supplied by the County Medical Officer of Health in respect of the types of cases conveyed and the mileage covered :—

	Thundersley Ambulance Station	Canvey Island Ambulance Station
Maternity	153 ..	91
Accident	267 ..	290
Other Emergency	1,189 ..	522
Non-Emergency	2,623 ..	334
Mileage covered	93,176 ..	25,026

Local Health Authority Services.

The following services, which come within the purview of the Essex County Council as Local Health Authority, are administered by the Area Medical Officer whose offices are situated at No. 153, High Street, Rayleigh, telephone Rayleigh 831–2.

Numerous enquiries were received by me during the year in respect of these services and the public were given every possible assistance in their problems.

The details given below have been estimated on information received from the Area Medical Officer for South-East Essex as a whole. The figures, which have been determined on a population basis, e.g. these Districts representing 39.04 per cent. of the whole South-East Essex Health Area, are therefore, only approximate, and intended to serve as a guide.

(a) *Home Nursing, Midwifery and Health Visiting.*

Number of visits made by Home Nurses during year ..	21,034
Number of visits made by Midwives during year—	
(i) Expectant Mothers	2,528
(ii) Children under one year	246
(iii) Children between one and five years	237
(iv) Others	684
Number of visits made by Health Visitors during year—	
(i) Expectant Mothers	352
(ii) Children under one year	2,689
(iii) Children between one and five years	4,584
(iv) Others	925
Number of visits made by Health Visitors to TB cases ..	657

(b) *Health Service Clinics.*

Health Service Clinics are provided at Canvey Island, South Benfleet, Thundersley, Hadleigh and Rayleigh, and regular sessions are held dealing with Expectant Mothers, Child Welfare, Minor Ailments, Eyes, Teeth, and Immunisation against Diphtheria.

(c) *Domestic Helps.*

The following is the summary of the hours of work undertaken by Domestic Helps during the year :—

(i) Maternity	4,363
(ii) Acute Sick	1,154
(iii) Chronic Sick	15,078
(iv) Tuberculosis	1,909
(v) Others	8,907

Hospitals.

General medical and surgical cases, on the recommendation of the Local Medical Attendant and according to bed availability, are admitted to either the General Hospitals at Southend or Rochford. Cases of infectious diseases are generally sent to the Westcliff Hospital, although occasional use is made of infectious disease hospitals at Grays, Romford and Chelmsford.

The treatment of persons suffering from Tuberculosis, or suspected to be suffering therefrom, continues to be under the direction of the local Consultant Tuberculosis Physician, Dr. E. G. Sita-Lumsden, M.D., M.R.C.P., Lancaster House Chest Clinic, Southchurch Road, Southend-on-Sea. This doctor also makes the necessary arrangements for those needing in-patient treatment to be admitted to the appropriate hospital or sanatoria.

SECTION "C".

SANITARY CIRCUMSTANCES OF THE AREA.

Water Supply.

The water supply for the three Urban Districts is provided by the Southend Waterworks Company. The supply for the Rayleigh District and in a large measure the Benfleet and Canvey Island Districts, is derived from the main source at Langford, although there are three deep wells at Canvey Island and one at South Benfleet, all electrically operated, which supplement the Company's main supply.

The Southend Waterworks Company's Resident Chemist makes daily tests of the treated water going into the supply from river sources and fortnightly analyses of the water from their local deep wells. In addition, half-yearly samples are examined by the Counties Public Health Laboratories. The results obtained show waters of normal chemical character and good bacteriological quality. The water is pure and wholesome and suitable for public supply purposes. During 1951 the supply was satisfactory both as regards quality and quantity. No lead contamination of the water supplies was encountered during the year.

In the **Benfleet** Urban District 97.3 per cent. of all dwelling-houses are supplied with a main water supply. The supply is direct to the houses in all but seven properties which are served by standpipes. The remaining 2.7 per cent. of dwelling-houses rely on supplies from rain water tanks or shallow wells and most of these dwellings are scattered throughout the New Thundersley area, which is mainly undeveloped and outside the Urban Fence for town planning purposes. During the year 4,000 yards of water main were laid by the Southend Waterworks Company, toward the cost of which the Urban District Council contributed £2,570. By the end of the year

54 dwellings had been connected thereto. The drier months of the year are generally difficult for families living in properties which are not supplied with main water, but on only one occasion in 1951 was it necessary for drinking water to be delivered to assist a householder when the private supply failed.

The **Canvey Island** Urban District Council's concern at the lack of main water supplies to certain roads in the District and their policy of extending mains to meet this need resulted in a further 619 yards of water mains being laid during 1951. Of this total, 235 yards were laid to the Council's Housing Site, 103 yards provided by non-returnable contributions made by the Council and 281 yards where private contributions assisted towards the cost. After allowing for a further 143 properties which were connected to the water mains during the year, there were, at the 31st December, 1951, a total of 3,719 properties connected to the main water supply. This represents 86 per cent. of all dwelling-houses on the Island. In addition, in some outlying and scattered areas where the cost of laying mains is prohibitive, the Council have filled the essential need by the erection of stand-pipes for communal use in such areas. A further 294 properties are thus supplied with main water by this means. There are therefore 93 per cent. of all the dwelling-houses on Canvey Island which are now enjoying a main water supply, either direct, or by stand-pipe. In view of all the circumstances and the rapid development of the District, this is a very fine achievement. However, progress continues, and plans have been approved by the Council for the laying of water mains in a further 17 roads on the Island.

Rayleigh has for long enjoyed the benefit of a main water supply and it is recorded that on the 31st December, 1951, there were 98.27 per cent. of all dwelling-houses provided with a supply by the Southend Waterworks Company. Of this figure, 0.67 per cent. of properties were supplied by means of stand-pipes. Twenty-three new houses and three existing houses were connected to the main supply during the year.

Drainage and Sewerage.

The **Benfleet** Urban District is divided roughly into eastern and western areas for the purposes of sewage disposal. The eastern area is further divided into north-eastern, draining by gravity to the Rayleigh Urban District, eastern, by gravity to the Rochford Rural District, and south-eastern, by gravity to the County Borough of Southend-on-Sea. The western portion of the District is also sub-divided, into north-western area which is dealt with by the pumping station in Rushbottom Lane, Great Tarpots, and the south-western which is dealt with by the pumping station in South Benfleet, this latter also dealing with the sewage which is pumped from the north-western area. The pumps are driven by electric motors and are automatic in action. The frequency of pumping depends upon the flow to the pumping station.

Sewage is pumped from the South Benfleet pumping station to the Disposal Works in the extreme south-west corner of the District where it undergoes bacteriological treatment in the following order :—

One balancing tank to equalise the quality of the sewage received.

Two continuous flow settlement tanks.

Two percolating filters.

One storm overflow tank to deal with over six times Dry Weather Flow.

The resulting sewage is dealt with on sludge drying beds. The effluent after treatment flows into the Benfleet Creek. Samples are taken from time to time by the Port of London Health Authority to ensure that the requisite standard of purity is maintained.

It is estimated that 92 per cent. of all the properties in the Benfleet District are connected to the main drainage system, although 150 dwellings are still served by cesspools and a further 370 houses and bungalows are provided with earth closets. These latter are largely confined to the New Thundersley area.

During the year 19 premises were connected to the main sewer and eight to cesspools, whilst extensions or improvements were carried out to the drainage of eight existing buildings. Advantage was also taken of powers contained in the Public Health Act to construct drainage systems on behalf of two property owners, the cost to the Council being repaid by instalments. Also, during the year, a main sewer was laid in part of Kimberley Road, South Benfleet. This involved 1,000 feet of main and allowed 16 dwellings to be connected thereto.

At **Canvey Island** sewage disposal is by means of a gravity system with pumping stations at strategic points to raise sewage and produce the necessary head. On reaching the main pumping station at Southwick Farm, the sewage is pumped direct into the Thames by means of an 18in. cast iron pumping main and 24in. outfall on the river bed. The outfall pipe which is supported by timber piles, is marked by a lighted buoy hired from Trinity House. This pumping main joins the outfall pipe at the sea wall where a valve prevents any back-flow of river water. In design, provision was made for the addition of a second 18in. pumping main from Southwick Farm to link up with the outfall pipe at the sea wall. The pumps at the main station and intermediate stations are centrifugal pumps electrically operated, two pumps being installed in each station and provision made for a third to be installed at a later date.

The main trunk sewers running westward from The Point to Southwick Pumping Station and eastward from The Village to the same station have various sizes increasing from 9in. to 24in. and 18in. respectively at the main Pumping Station. The subsidiary main sewers are 9in. or 12in. and in the roads in the various areas 6in. or 9in., all these being constructed in salt glazed pipes except a small section in the Rainbow Road area where iron pipes were used due to the sewers being in running sand.

The pumping stations are situated (1) at the junction of High Street and Point Road which takes the area from The Point to Seaview Road, and (2) the High Street, opposite May Avenue, which takes the whole of the Leigh Beek area from Seaview Road to May Avenue on the south side and Rainbow Road, Mornington Road and Wittem Road area on the north. The third station is at Furtherwick Road and takes in the Maisonwyck Estate, Labworth Estate and the area south of these Estates and sewage from this area links with the main flow at the junction of Furtherwick and Long Roads.

Almost the whole of the newer estate development in the District is drained and considerable progress has been made in the older estate development where the Council have carried out a large volume of work under the Private Street Works Act since the war. A large number of roads have thereby been sewered and the policy of the Council has been to proceed as fast as possible with this work. In addition, a number of owners have made

private arrangements to drain their premises into the system, often by the construction of considerable lengths of sewers which are eventually vested in the Local Authority.

Owing to the flat ground it has been necessary to construct sewers with rather less falls than is normally experienced, for example, 9in. sewers are laid up to 1 in 500 and 6in. to 1 in 300, but in spite of this, little trouble has been experienced from silting or blockages and from this aspect the system works extremely well. The main problem with this District is in the old estates where the plot sizes are generally 60ft. by 60ft. with roads every 120ft. This unusual layout results in a heavier frontage private street works charge and double the labour and materials to sewer such areas than one would find in estates laid out with frontages as normally found, say 30ft. by 100ft. It is hoped that by laying sewers in alternate roads in these areas the owners will arrange for their properties to be drained by combined drains and so reduce the capital expenditure. The proposed Essex County Council (General Powers) Bill, clause 82, should assist in providing some compulsory powers towards this end.

Despite the limitations occasioned by the restriction of Capital Expenditure, good progress in extending the main drainage system in the District has been maintained throughout the year. Altogether, 3,750 feet of new sewers were laid during 1951, and apart from 600 feet to serve new properties on the Council's housing estate, the whole of the extensions were to serve existing properties, thereby further reducing the number of cesspools and pail closets in use. The need for a progressive sewering policy is demanded by the ever-growing extensions to the water services and the restriction of Capital Expenditure is the only factor which is hampering progress. Of the schemes planned for 1951, Crescent Road and Point Road East were made-up and sewered during the year, the former being provided with a dual carriageway. The sewering of Waalwyck Drive and part of Weel Road was completed early in 1952. During the year 160 properties were connected to the main sewer, thus bringing the number of properties so drained during the last five years to 977.

The wet winter period of 1951–52 again illustrated the urgent need for hard roads and the provision of a main drainage system where this service is lacking. As Canvey Island is very flat and possesses a heavy clay subsoil, the unmade roads become an impassable quagmire in the wet winter periods. Where there are no sewers this is aggravated by the disposal of waste water and excreta from pail closets.

The **Rayleigh** Urban District is served by two Sewage Disposal Works, one situated to the north of Connaught Road, which drains the area to the east of the High Street, and the other at Watery Lane, which drains the area west of the High Street. Both these areas drain by gravitation to the respective Disposal Works with the exception of a small area in the vicinity of Hullbridge Road which drains by gravitation to a pumping station in Watery Lane, from which it is pumped by means of an electrically operated pump and pumping main to the Western Sewage Disposal Works.

A small part of the district in the vicinity of Rayleigh Avenue and Eastwood Rise drains into the sewers of the Southend Corporation, and sewage from a small area of the Benfleet Urban District on the south side of the Arterial Road drains into the Rayleigh sewers and is conveyed to the Eastern Sewage Disposal Works for treatment.

The Eastern Sewage Disposal Works consists of two detritus chambers, two vertical flow sedimentation tanks, two storm water tanks, two circular percolating filters, one humus tank and twelve sludge beds, together with an engine house, in which is housed a Diesel Engine and Pump for pumping sludge from the various tanks to the sludge beds.

The Western Sewage Disposal Works consists of two detritus chambers, two vertical flow sedimentation tanks, two storm water tanks, two circular percolating filters, one humus tank and six sludge beds, together with an engine house, in which is housed a petrol engine and pump for pumping sludge from the various tanks to the sludge beds.

It is estimated that the main sewers serve 87 per cent. of the properties of the Urban District. During 1951, 360 yards of new sewers were laid. 23 new houses and 17 existing houses were connected to the main drainage system during the year. Work was commenced during the year in the sewering of an estate where the absence of sewers has for many years given rise to nuisances from time to time. On 20 occasions during 1951 it was found necessary to deal with nuisances associated with drainage systems.

About 326 houses and bungalows in the District are provided with cesspools and a further 197 with earth closets.

Public Cleansing.

In the **Benfleet** Urban District house refuse is disposed of by controlled tipping on the Benfleet Marshes. In this system, refuse is tipped in orderly layers and covered with suitable innocuous material. At the completion of the tipping the land will have been raised to such a level that it can be used for recreation purposes.

During the year refuse was collected weekly from all accessible parts of the District and the service functioned satisfactorily. Efforts to salvage all materials of value continued, and £3,591 was received from the sale of such materials.

In September, 1951, a small bulldozer was purchased and the use of this machine has improved the appearance of the refuse tip and at the same time has greatly reduced the amount of arduous manual labour previously needed.

At **Canvey Island** there is a fortnightly collection of house refuse and the service, although working to capacity, functioned satisfactorily throughout the year. Both summer and winter give added burdens in connection with the refuse collection service. In the summer months the great influx of holiday visitors necessitates a much heavier and more varied collection, whilst indiscriminate dumping, particularly in the Promenade area, adds to the difficulties of collection. The specific draw-back during the winter months is the condition of many unmade roads, creating a real problem and placing a positive strain upon the organisation of the Service.

Disposal is on the Bradford System which results in a considerable land reclamation being achieved. In the summer months it is necessary to implement the system by dumping on a large Private Disposal Dump which receives industrial and other wastes from London Boroughs. This is very efficiently controlled and under the supervision of the Essex County Council.

All trade premises receive a routine fortnightly collection but those traders needing the service more frequently can and do make arrangements for collection as often as required.

The **Rayleigh** Urban District Council undertakes a regular house-to-house collection of refuse and salvage throughout the District, the collection being at weekly intervals in made-up roads and at fortnightly intervals elsewhere. Collection is made by a 13 cubic yard side loading vehicle for the refuse and a 7 cubic yard trailer for the salvage. Disposal is by the controlled method of tipping.

Night soil was collected at weekly intervals from 91 premises during the year.

The sale of salvaged material produced an income of £2,592, representing an increase of £1,515 compared with the previous year. The total weight of salvage collected amounted to 154 tons, representing an increase of 16 tons on the 1950 collection. Of this, 144 tons were of paper, 7½ tons of rags and 3½ tons of miscellaneous scrap.

A prize of £50 was won in the National Waste Paper Contest.

Factories Act, 1937.

In the area covered by the **Benfleet** Urban District there is a total of 68 factories on the register of the Local Authority, and 64 of these premises employ mechanical power. Inspections were made on 95 occasions during the year and 16 defects found. By the end of the year 12 had been remedied by the occupiers. No legal proceedings were taken. Also, 41 work-places were inspected and three defects found, all of which were remedied.

There are 41 premises on the Factories Register of the **Canvey Island** Urban District Council and three of these are without mechanical power.

Ninety-two routine inspections were carried out during the year and in one case it was necessary to take action to have partitions of sanitary conveniences raised to ceiling level and the provision of an intervening ventilated space between workroom and the sanitary conveniences. Included in the number of factories on the Island are the works and Plant where storage and blending of petroleum and oils is carried on, with a storage capacity of 120,000 gallons.

During the year extensions were made to one recently erected factory for the manufacture of wireless and television sets and components.

There are 43 premises in the **Rayleigh** Urban District which are registered as factories under the Act. 40 of these factories employ mechanical power. During the year 61 inspections were made and the six defects found were remedied.

Storage of Petroleum.

Routine inspections in each of the three Districts were made during the year in respect of applications to store petroleum spirit. At Canvey Island additional underground storage tanks were installed and tested at premises already licensed. The number of licences issued during 1951 was as follows : Benfleet 35, Canvey Island 10, and Rayleigh 20.

Infectious Diseases.

In the **Benfleet** Urban District the Sanitary Inspectors made 26 visits to premises following the notification of infectious diseases. Also, 13 visits were made to the contacts of such diseases. Disinfection was carried out at 10 dwellings.

The Inspectors at **Canvey Island** made 47 visits to premises for the purposes of investigating cases of infectious disease or contacts therefrom. Holiday residents also added to this aspect of the work and a number of contacts of cases of infectious disease occurring outside the District were kept under observation throughout their temporary stay at Canvey. Disinfection was carried out where necessary.

The Sanitary Inspector for the **Rayleigh** Urban District made 21 visits during the year for the purpose of investigating the circumstances associated with the occurrence of infectious diseases in the District and of contacts living locally of cases occurring in other areas. Disinfection was carried out at six of the premises so affected.

General.

The Sanitary Inspector's Department of the **Benfleet** Urban District Council made a total of 3,138 visits during the year. These can be classified as follows :—

General sanitation	1,165
Meat and Food Inspections	1,038
Housing	767
Infectious Diseases	39
Others	129
Total	3,138

One hundred and twenty-four Informal Notices and 26 Statutory Notices were served. There were 55 notices outstanding at the commencement of the year. During the year 141 notices were complied with, leaving 38 not complied with at the 31st December, 1951. Legal proceedings to enforce compliance with notices were taken on three occasions and were successful. A total of 128 complaints were received during the year.

The **Canvey Island** Council's Sanitary Inspectors made a total of 2,584 visits during 1951 for general Public Health and Housing purposes.

Two hundred and fifty-five complaints were received, 40 of which concerned housing, 55 nuisances, 53 caterpillars and mosquitoes and 22 on flooding. Only three complaints were received during the year concerning unsound food.

Fifty-three Informal Notices were served during the year and 41 of these were complied with by the 31st December. Also, in addition, 18 Informal Notices served in previous years were complied with during the year.

Of the two Statutory Notices served, one was complied with during the year whilst two Statutory Notices served during 1950 were also complied with.

In the **Rayleigh** Urban District the Sanitary Inspector's Department received 200 complaints during 1951 and in connection with these and general routine work, made 1,280 visits and inspections. Such visits were associated with the detection and abatement of nuisances, the repair and improvement of dwelling-houses, the abatement of overcrowding, the re-housing of persons inadequately housed, building licence applications, the storage of petroleum, the keeping of animals, the eradication of rats and mice, the administration of the Factories Act, Shops Act, Milk and Dairies Regulations, the inspection of food and food premises, enquiries into cases of infectious disease and food poisoning, water supply surveys, moveable dwellings, refuse collection and the collection of salvage, etc.

During the year it was found necessary to serve 47 Informal Notices and in nine instances these were succeeded by Statutory Notices. 58 Notices, including a number from the previous year, were complied with during 1951. At the end of the year 26 Notices were yet to be complied with. Works were completed during the year in respect of 50 instances where the service of Notices was found not to be necessary. The following is a summary of all the completed works referred to :—

Houses repaired	38
Houses connected to the main sewer	17
Drainage systems improved	4
Houses connected to water mains	4
Houses demolished	3
Abatement of nuisances other than those included in the above	42

SECTION "D".

HOUSING.

Benfleet U.D.

During the year, 74 complaints regarding housing defects were received, and 72 Notices were served. At the 31st December, 1951, eleven Notices were outstanding.

There were 659 applications for Council Houses on the waiting list at the end of the year, including 110 applicants for old people's bungalows. During the year 58 Council Houses and 4 old people's bungalows were completed. A further 16 dwellings were erected by private builders.

Twenty-four dwellings were still under requisition at the end of the year.

The Sanitary Inspector's Department is responsible for the issue of building licences for all housing repairs, additions and improvements. During 1951, 94 licences were issued and the value of such licences was £26,955. Also, two licences were issued in respect of conversions and adaptations, which involved a further combined value of £1,375. Two additional units of accommodation were provided by these conversions and adaptations.

An undertaking to repair a dwelling-house under the provisions of Section 11 of the Housing Act, 1936, was accepted.

In July, 1951, the Council established a residential caravan site at Thundersley. The maximum capacity of the site will be approximately 100 caravans, and at the end of the year there were 20 caravans on the site.

Canvey Island U.D.

During the year 40 complaints concerning housing defects were received and a similar number of notices were served to effect a remedy.

Fifty families were re-housed in new Council properties which were completed during the year, the accommodation provided being in the form of houses, flats and bungalows. 12 new houses were also erected by private individuals under licence. Further aids to assist the housing problem were the conversion of 40 buildings for use for human habitation and the completion of additions to 77 existing properties.

There were 614 applications on the Council's Housing List at the 31st December, 1951. Of these, 425 were from residents in the District and the remaining 189 were from persons resident outside the District. 48 applicants are Old Age Pensioners. During the year 155 new applications were received and added to the Housing List.

Reference is made earlier in this Report to the rapid growth of the Benfleet, Canvey Island and Rayleigh Urban Districts in recent years, although the remarkable growth of Canvey Island, e.g. by 219 per cent. in the 20 years between the Census of 1931 and that of 1951, has been the cause for the overall figure being so high. This mushroom growth of population has presented some difficult problems, particularly with regard to housing. Between the two World Wars many properties were erected at Canvey Island for holiday and week-end purposes, but today these same properties are used for permanent habitation, both summer and winter. Consequently the task of rendering these sub-standard dwellings fit for permanent occupation (many without brick flues) has placed a heavy burden on the work of the Department, particularly as many people anxious to get somewhere to live purchased the properties without realising the structural limitations. However, the position is steadily improving, and the action taken by householders and owners to bring these properties up to a reasonable standard for permanent occupation is a credit to themselves and the District. Persons in premises unsuited for improvement are gradually being re-housed as the Council proceeds with its housing programme. The influx of summer visitors gives added burden to the housing problem, although the introduction of licensed holiday camps in recent years has been a great help.

Rayleigh U.D.

During the year 38 houses were repaired or improved and three were demolished as a result of action taken by the Sanitary Inspector's Department.

The number of families on the Council's Housing List at the 31st December, was 377 as compared with 473 at the end of 1950.

Of the 23 new houses erected during the year, 19 were Council Houses and four were privately built. Since May, 1945, a total of 312 houses have been erected within the Rayleigh Urban District. Of these, 182 were Council Houses, 117 were privately built and 13 were war damage re-builds.

SECTION "E".

INSPECTION AND SUPERVISION OF FOOD.

Milk.

In the **Benfleet** Urban District the following licences were issued during the year under the provisions of the Milk (Special Designations) Regulations, 1949 :—

	Pasteurised	Sterilised	Tuberculin Tested
Dealer's Licences	12	17	4
Supplementary Licences ..	4	5	4

The Benfleet District also had the following registrations at 31st December, 1951, under the provisions of the Milk and Dairies Regulations, 1949 :—

Number of persons carrying on the trade of distributor ..	18
Number of premises used as dairies	1

During the year 10 visits were made to dairies and milk shops in the Benfleet Urban District and the following samples were taken : Pasteurised Milk (8), Sterilised Milk (4), Tuberculin Tested Milk (3), and Raw Milk (3). All 18 samples proved to be satisfactory upon examination.

With reference to the **Canvey Island** Urban District, routine inspections were carried out of all Milk Retailers' premises, including a large Milk Distributing Depot which feeds a number of milk rounds in the District. Very few complaints were received and these were of a minor character and did not call for any adverse reports on production or distribution.

Under the provisions of the Milk (Special Designations) Regulations, 1949, the following licences were issued :—

	Pasteurised	Sterilised	Tuberculin Tested
Dealer's Licences	9	21	1
Supplementary Licences ..	2	3	2

In the **Rayleigh** Urban District the following licences were issued during the year under the provisions of the Milk (Special Designations) Regulations, 1949 :—

	Pasteurised	Sterilised	Tuberculin Tested
Dealer's Licences	2	5	1
Supplementary Licences ..	1	1	1

During the year 20 samples of milk were taken in the Rayleigh area. These consisted of 4 Tuberculin Tested, 7 Pasteurised, 2 Sterilised and 7 Ungraded. All were reported as satisfactory, with the exception of two ungraded milks. The unsatisfactory samples were followed up with good results.

Meat Inspection.

The Sanitary Inspectors of the **Benfleet** Urban District Council paid 483 visits to the Ministry of Food Slaughterhouse at Cross Farm, Hadleigh, during the course of the year, and the carcases and organs of 11,215 food animals were examined, as set out below :—

	Cattle, excluding Cows	Cows	Calves	Sheep and Lambs	Pigs
Number killed	2,916	1,476	2,000	4,326	497
Number inspected	2,916	1,476	2,000	4,326	497
All diseases except Tuberculosis :					
Whole carcases condemned	4	4	15	12	4
Carcases of which some part or organ was condemned	729	419	5	98	40
Percentage of the number inspected affected with disease other than tuberculosis	25.1	28.4	1	2.5	8.8
Tuberculosis only :					
Whole carcases condemned	11	36	8	Nil	Nil
Carcases of which some part of organ was condemned	325	470	Nil	Nil	23
Percentage of the number inspected affected with tuberculosis	11.5	34.3	0.4	Nil	4.6

During the year, 109 carcases of beef (2.48 per cent.) were found to be affected with Cysticercus Bovis, which is the immature stage of the human tapeworm T. Saginata.

All slaughtering took place at the Ministry of Food Slaughterhouse, Cross Farm, Benfleet Road, Hadleigh. The Contractor and slaughtermen maintained a high standard of cleanliness, and it is desired to record appreciation of their efforts. During the year, improvements at the Slaughterhouse included the installation of a new boiler, the provision of an additional rail for the hanging of carcases, and the roofing over of the yard between the office and the hanging room, so that loading of vans now takes place mainly under cover.

Canvey Island has no slaughterhouse, but there are nine butchers' shops on the Island and they all are equipped with modern fittings and refrigeration plant. Routine inspections were carried out by the Council's Sanitary Inspectors throughout the year, and the storage and sale of meat and meat products, together with the cleanliness and equipment of premises were found to be satisfactory.

The standard of cleanliness and storage in meat carrying vehicles for distribution to retail butchers was investigated with the Trade Organisation concerned, and resulted in an improved standard being obtained, particularly in regard to transit between shop and vehicle.

Turning to the **Rayleigh** Urban District, it is estimated that the Ministry of Food Slaughterhouse situate at the premises of Messrs. Websters, Family Butchers, High Street, Rayleigh, serves a population of approximately 120,000, chiefly in the County Borough of Southend-on-Sea. Consequently, Inspectors from that Authority share the work of Meat Inspection with the Rayleigh Council's Sanitary Inspector.

During the year 12,089 animals were examined and the details are as follows :—

	Cattle, excluding Cows	Cows	Calves	Sheep and Lambs	Pigs
Number killed	2,726	993	816	4,337	3,217
Number inspected	2,726	993	816	4,337	3,217
All diseases except Tuberculosis :					
Whole carcases condemned	3	11	1	7	20
Carcases of which some part or organ was condemned	596	281	4	50	106
Percentage of the number inspected affected with disease other than tuberculosis	21.97	29.41	0.61	1.31	3.92
Tuberculosis only :					
Whole carcases condemned	16	27	6	—	10
Carcases of which some part or organ was condemned	251	247	1	—	71
Percentage of the number affected affected with tuberculosis	9.79	27.59	0.86	—	2.52

Food Inspection.

In the **Benfleet** Urban District 450 visits were made to various food premises during the year in connection with the requirements of the Food and Drugs Act, 1938, and the Byelaws made under Section 15 of that Act. The following foods were surrendered by food traders as being unfit for human consumption :—

> Eggs, 86 doz. ; milk, 80 tins ; canned meat, 94 tins ; wet fish, 28 lbs. ; canned fish, 16 tins ; vegetable foods, 59 tins ; fruit and preserves, 186 tins and jars ; soup, 45 tins ; cooked meat, 14 lbs. and 47 tins ; turkeys, 4 ; cheese, 4 pkts. ; cereals, 10 pkts. ; pickles, 1 jar.

In connection with the Clean Food Campaign, routine inspections are carried out at all food premises thrice yearly. The visits are not made at regular intervals, nor are the occupiers advised as to the date of visits.

Reliance is placed upon personal contact to advise and encourage food handlers in matters of food hygiene. At present, unsuitable premises and the lack of working area in kitchens are the greatest obstacles to be overcome by the personnel of food preparing establishments.

Legal proceedings were taken against the occupier of a grocer's shop for a contravention of Section 13 (1) of the Act. A fine of £10 was imposed, with £5 5s. 0d. costs.

At **Canvey Island** a satisfactory standard of cleanliness at food trader's premises was maintained throughout the year, although constant vigilance was necessary, particularly where the seasonal rush of summer visitors caused traders to show a small degree of slackness in matters of hygiene. This is especially true of eating establishments which are the premises needing and receiving most attention, with desirably good results.

During the year 71 visits were made to food premises and the following foodstuffs were condemned as being unfit for human consumption on voluntary surrender :—

> Canned meat, 54 tins ; canned fish, 4 tins ; wet fish, 5 stones ; canned fruit, 81 tins ; preserves, 2 tins ; canned milk, 23 tins ; canned vegetables, 36 tins ; honey, 1 jar ; margarine, 48 pkts. ; cocoanut biscuits, 52 cases ;

this last item being rendered unmarketable on account of insufficient baking in the country of origin, thus causing rancidity on account of high moisture content.

In the **Rayleigh** Urban District 171 visits were made to food premises during the year by the Sanitary Inspector in connection with the requirements of the Food and Drugs Act, 1938. The standard of food shops, restaurants and cafes within the District is generally high and there is a general desire among proprietors to make their premises more wholesome and attractive.

The following foodstuffs, weighing approximately 12 cwts., were voluntarily surrendered by shopkeepers during the year and condemned as being unfit for human consumption :—

> Fresh meat, 19 lbs. ; canned meat, 7 cwts. ; tea, 10 lbs. ; wet fish, 2 cwts. ; rabbits, 67 ; eggs, 70 ; miscellaneous canned goods, 1 cwt.

Dogs in Food Shops.

In the House of Commons on the 2nd November, 1950, the Minister of Food made the following statement in answer to a question :—

> " I agree that dogs should not be allowed in food shops. It is a most unhygienic practice. But I cannot feel that I would have any great success if I tried to stop it by a prohibitive regulation. Here is a problem more likely to be solved by voluntary action and I appeal to the public and the food trade to co-operate in keeping dogs out of their shops ".

The Minister of Food issued Circular MF 20/51 of the 24th October, 1951, pursuant to the foregoing statement and recommended that food traders should display a notice signed by the Medical Officer of Health requesting customers not to bring dogs into food premises. He recommended that Local Authorities should consider issuing a notice to all food premises in the area bearing the words " In the interest of hygiene you are requested not to bring your dog into premises in which food is sold ".

Each of the Benfleet, Canvey Island and Rayleigh Urban District Councils adopted the recommendation of the Minister of Food as contained in the Circular referred to above, and suitable notices were printed on card, bearing the signature of the Medical Officer of Health, and distributed by the Sanitary Inspectors to all types of food premises in the three areas.

Ice Cream.

At the end of 1951 there was a total of 78 premises in the **Benfleet** Urban District registered for the storage and sale of ice cream in accordance with the provisions of the Food and Drugs Act, 1938. All such premises received their supplies of ice cream in bulk from outside the District. A total of 91 inspections was made.

The Benfleet Council's Sanitary Inspectors submitted 25 samples of ice cream for bacteriological examination, and the results obtained showed that 18 were placed in Grade I, 3 in Grade II, 1 in Grade III and 3 in Grade IV. Results showing Grades I and II are considered to be satisfactory, whilst those in Grades III and IV are unsatisfactory. Suitable action was taken in respect of the samples which produced unsatisfactory results.

At **Canvey Island** there are 50 persons registered as vendors of Ice Cream, and in addition, 10 premises are registered for the manufacture and sale of ice cream. Of the two large ice cream producing firms on the Island, only one is now functioning, the other obtaining supplies from a London firm. It does appear that the small manufacturer finds it uneconomical to make ice cream and it is becoming increasingly popular for ice cream to be purchased in bulk, usually of the pre-packed type, for retail by local ice cream vendors.

All the samples of ice cream taken during the year were found to be bacteriologically satisfactory on examination with the exception of three instances. Of these latter, two were in Grade III and one in Grade IV. In these cases methods of production, handling, and sale were closely investigated and subsequent sampling gave satisfactory results.

There are no manufacturers of ice cream in the **Rayleigh** Urban District, but 24 premises are registered for the retail sale thereof. Ice cream is also sold in three cafes and a cinema, but these are exempt from registration.

During the year 15 samples of ice cream were taken from retailer's premises and the analyst reported as follows :—

10 samples	Grade I	Satisfactory.
1 sample	Grade II	Satisfactory.
4 samples	Grade III	Unsatisfactory.

Suitable action was taken in respect of the unsatisfactory samples.

SECTION "F".

PREVALENCE OF, AND CONTROL OVER, INFECTIOUS AND OTHER DISEASES.

General Review.

In comparison with recent years, the total incidence of infectious disease in these Districts during 1951 was unusually high, although in taking this view it should be remembered that Measles accounted for 79.6 per cent. of all cases notified. Both locally and nationally, 1951 saw the highest number of cases of Measles notified since notification commenced in 1940. Including newly notified cases of Tuberculosis, the total number of notifications of

infectious diseases received during the year was 1,160, of which 926 were Measles. Benfleet Urban District's notification list totalled 715 as against 166 last year, Canvey Island's total was 127 as against 61 and Rayleigh's total 318 as compared with 115.

However, with Measles apart, the incidence of infectious diseases during 1951 was minimal, and it is gratifying to be able to report that with the exception of Tuberculosis, no deaths occurred among the large number of notified cases of infectious diseases during the year. This is a most complimentary factor and goes to prove that the accumulated efforts of all concerned in the prevention of disease have been very successful.

Diphtheria.

Whilst cases of Diphtheria are rarely seen today, it must be intelligently remembered that this infectious disease is not wiped out but merely suppressed. As is well known, the present happy position of the paucity of cases is the fruit of a vigorous immunisation programme of babies and young children over the last decade. Before the introduction of Diphtheria Prophylaxis (prevention by protective inoculation) some 55,000 cases occurred annually throughout the Country. The provisional figure for 1951 for England and Wales was only 699 confirmed cases. Between 1930 and 1940 the average number of deaths from Diphtheria each year was 2,800. In 1951 only 34 deaths from Diphtheria were recorded—the lowest in this Country's history. In 1901—half a century ago—10,000 persons died from Diphtheria in England and Wales.

However, the need to emphasise the necessity of protective measures by infant inoculation is still as important today as ever. It has recently been authoritatively stated that in a survey carried out during 1945-47 the Diphtheria notification rate was three times higher for children not immunised as against those that were, and the fatality rate (deaths in relation to cases) was seven times higher among non-immunised children. It has been estimated that during 1951 only 28 per cent. of all children reaching the age of one year were immunised, and during 1950 over 100,000 fewer children were immunised than in 1949.

Virtual elimination of Diphtheria is conditional upon the maintenance of an adequate level of immunisation, and parents should realise that Diphtheria is still a deadly threat. Facilities are readily available and parents can either arrange to have their child immunised at the local County Council Health Services Clinic or at their own private doctor's surgery by appointment. Eight months of age is the time to start with the first of the two injections necessary and all parents in these Urban Districts are urged to see that their children are protected against the ever present threat of Diphtheria. Reinforcing injections should be given again at 5 and 10 years of age if full protection is to be maintained throughout school life.

Since 1941, it is estimated that about 8,500 children have been immunised in the Benfleet, Canvey Island and Rayleigh Urban Districts. This is indeed an excellent achievement, and undoubtedly responsible for the fact that so few cases have occurred in recent years and none since 1948. During the past year one suspected case occurred at Rayleigh but the diagnosis was not confirmed in hospital. Available statistics show that 417 infants received primary inoculations and 321 school children received booster injections during 1951.

Smallpox.

The importation of Smallpox called for continued vigilance during the year and although no cases have occurred locally for many years, there is no reason to believe that careful vigilance is now unnecessary. On the contrary, the absence of the disease apart from occasional imported cases in the Country is a testimony to the efficacy of the measures taken to afford protection to the public by those engaged in preventive medicine. The accurate diagnosis and speedy isolation of newly imported cases and the widespread observation of contacts of all new and suspected cases coming to light, all play a most vital part in safeguarding our land from the perils of this dreadful scourge.

With modern methods of transportation continuing their advancement in speed and efficiency, epidemic and endemic areas of smallpox throughout the world are becoming a greater source of danger to us in these Islands. The importation of cases is likely to increase, despite the very thorough precautions taken by the Air and Sea Port Health Authorities, and the need for adequate protection by all sections of the population, therefore, remains a matter of paramount importance. Infant vaccination is the surest means of building up a community which can successfully resist the encroachments of virulent imported Smallpox, and no small measure of concern is felt by all engaged in the fight against disease that this precaution is being neglected by the rising generation. During 1951 only one baby in four was vaccinated, and unless the public conscience is awakened and parents seek to have their children protected by vaccination in the first few months of life, it is highly probable that this scourge of the 17th and 18th centuries will return with unwelcome prevalence.

The following is the record of persons vaccinated in these areas during 1951 through arrangements carried out by the Local Health Authority under Part III of the National Health Service Act, 1946 :—

Under 5 years	187
5–15 years	52
Over 15 years	115

During 1951 there was only one major incidence of imported Smallpox. That was the outbreak at Brighton which had its beginnings in November, 1950, when an airman from India arrived in Scotland by air. The day after arrival in the United Kingdom he proceeded to Brighton by train and became unwell on the journey. In all, 29 confirmed cases of Smallpox were notified in the Brighton area directly resulting from the infection brought in by this man. Ten of these cases regretfully terminated fatally. The Assistant Matron at the Smallpox Hospital, where most of the cases were admitted, was notified by the Department as proceeding to her sister's home at Thundersley after the termination of the outbreak. In view of the long train journey from Scotland to Brighton taken by this airman during the period of incubation when infectivity was greatest, it was most fortunate that cases did not occur elsewhere than Brighton.

The only other incident of imported Smallpox during the year affecting these Districts was concerning a 12 year old girl who arrived at Tilbury on the s.s. STRATHMORE and was stated to be suffering from Chickenpox. After removal to the Billericay Isolation Hospital she was re-diagnosed as a case of Modified Smallpox, it being discovered that she had had Chickenpox some nine months previously in India. These Districts were involved in so far that the Railway Clerk at Tilbury, who lived in the Great Tarpots area, had occasion to board the vessel in the course of his duties, mixing with the

passengers. Also a person from Rayleigh was a patient in the Hospital at Billericay where the girl was treated and was therefore regarded as a contact. Strict vigilance was exercised over these contacts and it was a relief to know that there were no developments.

In March information was received of the arrival by air of a soldier on leave at his home at Canvey Island from Hong Kong where Smallpox was known to exist among the local inhabitants. The man was vaccinated on arrival as a precautionary measure. He remained fit and there were no developments.

Just after Christmas, 1951, I was requested to visit a case with Dr. H. D. Crosswell, of the Westcliff Hospital, for the purpose of giving a second opinion on a condition which somewhat resembled Smallpox. The patient, a man aged 42 years from Hadleigh, fell ill on Christmas Day with a cold and sore throat. The rash developed two days later. After very careful examination the question of Smallpox was ruled out and it would appear that he was suffering from a drug rash.

Measles.

Measles was epidemic in 1951 and the highest number of cases notified in England and Wales since notification commenced in 1940 was recorded. Hitherto, the highest annual incidence for the Country was 446,749 cases in 1945. The total for 1951 was 616,077. However, despite the increased incidence, mortality has reduced considerably. The black year for Measles deaths was 1941, when 1,145 fatal cases occurred, representing 0.28 per cent. of the cases for that year. The 317 deaths from Measles in England and Wales during 1951 represented the low rate of 0.051 per cent. of cases notified.

From the local standpoint, a record notification rate for the year occurred. The 926 cases notified in the three areas were the highest number notified in one year since notification commenced. The previous highest was in 1941 when the total was 756 cases. Treating each District separately, Benfleet had a record of 578 cases notified as against the previous highest of 426 in 1941. The Rayleigh figure of 251 was the second highest recorded, 1941 having had 297 cases. The incidence of 97 cases at Canvey Island was not at all excessive. Of the five cases admitted to hospital, three came from Benfleet, one from Canvey Island and one from Rayleigh. I am glad to say that no deaths from Measles were reported.

The incidence of Measles in these Districts represented 2.46 per cent. of the 37,592 cases which occurred in the whole of the County of Essex during 1951. The relationship of the population of these areas to the County as a whole is 1.98 per cent.

Whooping Cough.

There were 169,343 cases of Whooping Cough notified in England and Wales during 1951. The previous highest incidence was in 1941, when 173,350 cases were notified. In that year there was a fatality rate of 1.37 per cent. or 2,383 deaths. In 1951, with the second highest annual incidence, the mortality rate was only 0.27 per cent. The lowest mortality rate for Whooping Cough occurred in 1950 when it was only 0.25 per cent., or one death in every 400 cases.

The 125 cases reported in the three Urban Districts was not unduly high and was an improvement on last year's figure of 163. Three of these cases were admitted to hospital – two from Benfleet and one from Canvey Island. I am glad to say that no deaths were reported.

Poliomyelitis.

Since Poliomyelitis commenced to become epidemic in 1947, the annual death incidence from this disease throughout the Country has been 707 in 1947, 241 in 1948, 651 in 1949, 755 in 1950 and 215 in 1951. It will thus be seen that the number of deaths from Poliomyelitis in 1951 was the lowest for England and Wales since 1947. The total number of confirmed cases reported during the year was 2,613, or 1,525 Paralytic cases and 1,088 non-paralytic cases. The mortality rate was 8.2 per cent. which compares very favourably with the 9.6 per cent. rate for 1950, when the number of deaths from Poliomyelitis was the highest recorded.

Only two cases occurred in these areas—one in the parish of Thundersley in the Benfleet Urban District and one at Canvey Island. Both were admitted to the Westcliff Hospital for treatment. The case from Canvey Island was of a mild nature and was discharged home after 16 days in hospital. The case from Thundersley, a boy aged 9 years, was transferred to the Southend General Hospital for Orthopædic treatment after 20 days in the Isolation Hospital.

Whilst not seeking to minimise the seriousness of Poliomyelitis and its mysterious method of spread, it is well to view the position in connection with other infectious diseases, and the following table giving the number of deaths annually per million children under 15 years, between 1947 and 1950 for Poliomyelitis, Whooping Cough and Measles, is most enlightening and serves as a good guide to a balanced outlook in the matter :—

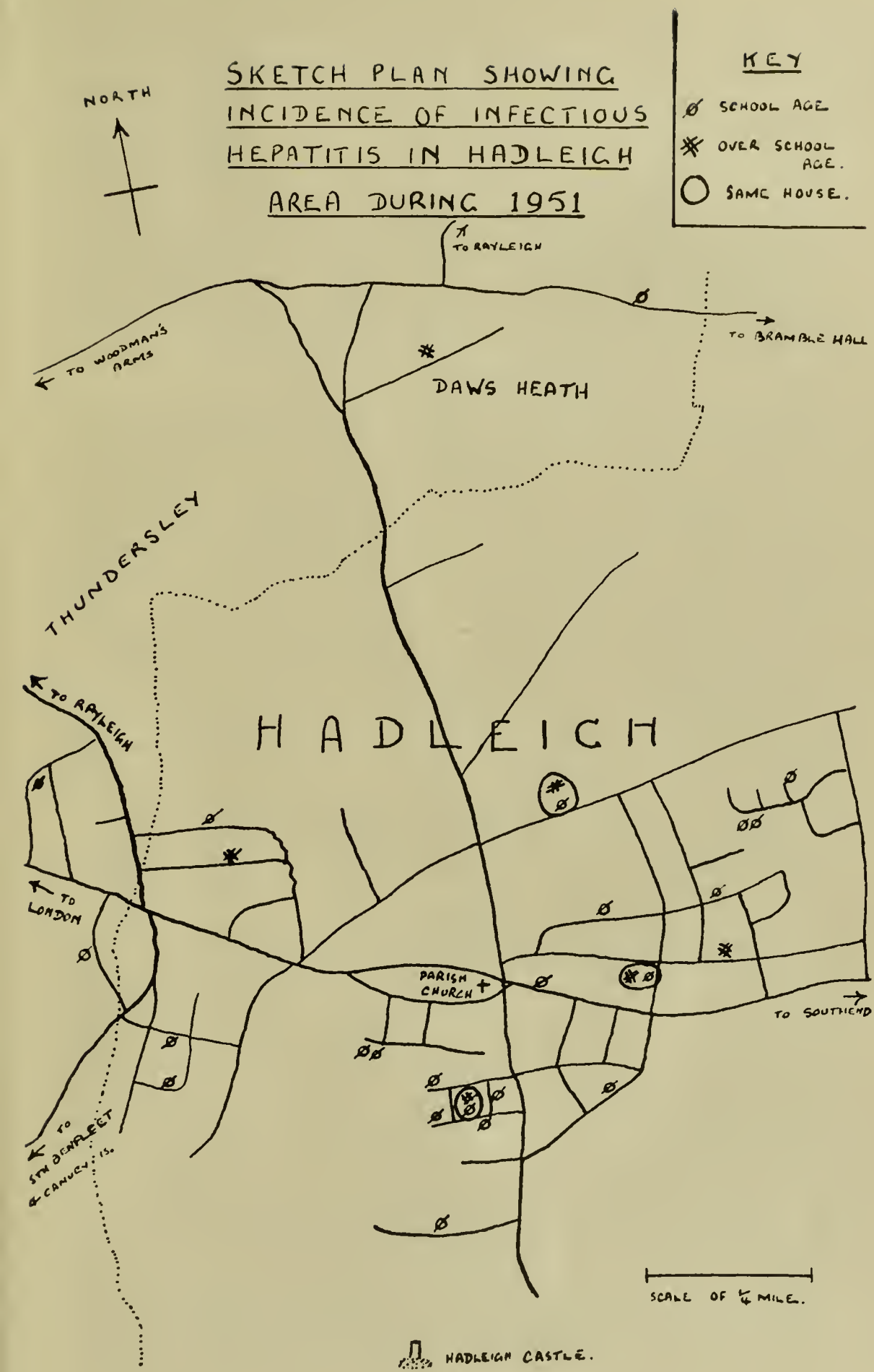
	1947	1948	1949	1950
Poliomyelitis ..	33	8	29	33
Whooping Cough ..	99	80	55	41
Measles	69	33	30	22

Infectious Hepatitis.

This condition, commonly known as Jaundice, became notifiable in the Eastern Region in 1943. During the nine years that notification has been in force, 161 cases have been notified in the Benfleet Urban District, 43 in the Canvey Island Urban District and 7 only in the Rayleigh Urban District. Whilst it is interesting to notice that so many more cases have been notified in the Benfleet District as compared with Canvey Island and Rayleigh, particularly the latter, it is still more interesting to observe that of the 161 cases from the Benfleet Urban District, 74 came from the parish of Hadleigh. The remaining 87 were shared fairly evenly between Thundersley and South Benfleet. It is not known whether there is any specific cause for the greater incidence of Infectious Hepatitis in Hadleigh.

The previous highest incidence was in 1946, when 70 cases occurred in the three areas with 56 from the Benfleet Urban District and 30 from the Hadleigh area. In 1951 there were no cases from Rayleigh and Canvey Island and 29 of the 30 cases occurring in the Benfleet Urban District came from Hadleigh and Thundersley—the latter being that part adjacent to Hadleigh. Three families had two cases each, neighbours were affected in two other cases and some other cases were in related roads. Sex distribution was equal and 18 were under 10 years of age, the 8 year old children being the heaviest age-group. No cases occurred in children below school age. There is no record of any of the cases being admitted to hospital.

The following sketch plan shows the distribution of the 29 cases in the Hadleigh area :—


SKETCH PLAN SHOWING INCIDENCE OF INFECTIOUS HEPATITIS IN HADLEIGH AREA DURING 1951
KEY
SCHOOL AGE
OVER SCHOOL AGE.
SAME HOUSE.
NORTH
TO RAYLEIGH
TO WOODMAN'S ARMS
TO BRAMBLE HALL
DAWS HEATH
THUNDERSLEY
TO RAYLEIGH
HADLEIGH
TO LONDON
PARISH CHURCH
TO SOUTHEND
TO STANGENHALL & CANVEY IS.
SCALE OF ¼ MILE.
HADLEIGH CASTLE.

Meningococcal Infection.

The incidence and mortality of Meningococcal Infection (previously known as Cerebro-spinal Meningitis) in England and Wales was slightly higher in 1951 than in 1950. A total of 1,390 confirmed cases occurred as against 1,150 the previous year, and 299 deaths as against 279. However, although more fatal cases occurred the mortality rate fell to 21.5 per cent.—the lowest on record for this disease. This means that a little more than one in every five cases proved fatal, and whilst being an unwelcome fact, it is encouraging to realise that modern medical science is continually helping in the fight to combat this disease. The great improvement in recent years will be more fully appreciated when it is recalled that in 1930, 94 out of every 100 persons suffering from this disease died.

One confirmed case occurred in these areas—a man aged 29 years from Rayleigh—and I am glad to say that he made a good recovery.

Scarlet Fever.

In England and Wales there was a drop in the number of cases of Scarlet Fever during 1951 as compared with the figure for 1950—49,000 cases as against 65,000. In Essex the incidence fell from 2,609 to 1,798 for the years referred to. In these three Districts the incidence was the lowest for many years—only 10 cases—and was an appreciable drop on the 26 cases in 1950 and 58 cases in 1949.

Four of the seven cases from the Benfleet Urban District were admitted to hospital and the one case from Rayleigh was also admitted. In addition, one unnotified case was admitted to hospital as well as a case of Streptococcal Tonsillitis—a condition which, although not notifiable, is associated with the Scarlet Fever germ. In respect of the one case from Rayleigh, the father was a lorry driver for British Roadways, and was engaged in the transportation of milk. As a precautionary measure he was diverted to other work for a brief period following the child's admission to hospital.

The disease continues to be mild in nature and throughout the Country the number of deaths fell from 93 to 65 during the year. No deaths occurred in these Districts.

Dysentery.

The increase in the incidence of Dysentery throughout the Country continued in 1951, although it is interesting to note that three-quarters of the cases occurring in England and Wales were reported during the first six months of the year. In Essex over 85 per cent. of the year's cases occurred in that period. The total incidence throughout the Country during 1951 was over 28,500 cases as compared with 17,271 in 1950 and 4,519 in 1949.

However, although notification has been on the increase, the mortality rate continues to improve. In 1925 it was 39.1 per cent., e.g. 135 deaths from 345 cases. The provisional figure for 1951 was 0.26 per cent., representing 74 fatal cases.

The position locally has been very favourable. No cases were notified and only one case imported from another District came to the notice of the Department.

Influenza.

The Registrar-General's Quarterly Returns show that over 15,000 people died from Influenza during the first three months of 1951. Also, during the same period, many more deaths than usual were recorded from associated

causes of death in old people, e.g. Pneumonia and Bronchitis. The number of deaths in these last named categories was over 34,000 as compared with less than 19,000 in 1950, and it is very likely that Influenza was an associate cause.

In these Districts there were 10 persons shown on the death returns as having died from Influenza, and in addition there were 65 deaths from Pneumonia and Bronchitis as compared with 45 in 1950. The higher Death Rate for Benfleet and Rayleigh is very possibly associated with the Influenza Epidemic for the year under review.

As Influenza is a non-notifiable disease, it is not included in the infectious disease tables of this report.

Other Non-notifiable Infectious Diseases.

The only guide as to the incidence of diseases usually coming in this category, e.g. Mumps, Chicken Pox and German Measles, is from the returns rendered by Head Teachers of local maintained Schools. Whilst being from a non-medical source, the information provided is a useful guide as to the incidence of these diseases in the area.

With regard to Mumps, 47 cases were reported from Benfleet, 4 from Canvey Island and 14 from Rayleigh.

There were 67 cases of Chicken Pox reported from Schools in the Benfleet Urban District, with five cases from Canvey Island and seven from Rayleigh.

Only seven cases of German Measles were recorded—all from Benfleet.

Food Poisoning.

There were no cases of Food Poisoning brought to the notice of the Department in any of the three Districts during the year.

TUBERCULOSIS.

For each and every week of 1951, 266 persons died from Tuberculosis throughout England and Wales, or in other words, 28 people died each day in this Country from this preventable disease. By an analysis of the 178 deaths from Tuberculosis in these three Districts during the past 10 years, it would appear that for every 100 deaths from Tuberculosis 6 were under 15 years, 37 were between 16 and 35 years, 31 between 36 and 55 years and 26 over 56 years of age. From these figures it will be observed that the most productive period of life, e.g. 16–35 years, is the group in which Tuberculosis takes the heaviest toll. Furthermore, if one considers that the number of elderly people in this area is 50 per cent. greater than the average rate of population distribution throughout the Country, it is likely that the above figures for the younger age-group would be even more unfavourably affected if there was a more average distribution of age throughout the population of these districts. Sir Allen Daley, late Medical Officer of Health of the London County Council, recently stated that " if consideration is given to diseases which cause loss of working years of life by prolonged illness and death, Tuberculosis is much more important than Cancer ".

Encouraging though it may seem, the falling death rate from Tuberculosis is no pointer to a slackening in preventive measures. Much economic and mental misery is associated with this disease and these are important factors when assessing the odds in the fight. Latest figures available for the whole Country show that at the end of 1949 there were 272,040 cases of Tuberculosis on clinic registers, of whom over 47,000 were notified during that year.

Very probably, with the valuable aid of Mass Radiography over the past two years, up-to-date figures for the total of notified cases of Tuberculosis in England and Wales are very much higher. Then in addition, there must be a great number of undetected cases and still others who, for one reason or another, refuse medical treatment.

In the Administrative County of Essex there were over 1,500 cases notified for the first time during 1951 and 393 deaths from Tuberculosis were recorded during that year, although such deaths were not necessarily notified during 1951. The Tuberculosis death rate for Essex in 1951 was 0.25 per 1,000 of the population, whereas in these Districts the figure was 0.35 per 1,000. The Tuberculosis death rate for the whole Country during 1951 was 0.31. During the year a total of 67 new cases appeared on the Tuberculosis Registers maintained by the Department for the three Districts. These included newly notified cases, inward transfers from other areas and cases brought to notice by other means. The corresponding figure for 1950 was 56. To offset this increase, 76 cases were taken off the registers during the year, including 14 who died. The overall position at the end of the year showed that the total number of cases on the three Registers decreased to 274.

Proper and adequate housing is vitally essential for the health and well-being of our peoples. Indeed, good housing is a social service of the highest order, although, in relation to Tuberculosis, it is the very foundation for the building of a fitter and healthier nation. Good housing is the most potent weapon in the fight to eradicate the disease of tuberculosis which has blackened our history for many centuries. Bad housing breeds discontent, encourages domestic unhappiness and often produces mental illness due to the prolonged strain of living with "in-laws" or in rooms with shared domestic facilities. Overcrowding is the fertile soil in which ill-health will always thrive and in such circumstances tubercle bacilli flourish. Low resistance to disease brought on by poor living conditions is a feeble barrier indeed to the germs of Tuberculosis which lurk unbeknown in most of us. Where Tuberculosis is located, bad housing conditions adversely contribute in two ways—(1) the patient's knowledge that his home conditions, with his presence, are inadequate to safeguard against the spread of infection, thus hindering his treatment and progress; and (2) the real and positive danger to the family, particularly young children, through failure to isolate the patient on account of the crowded housing circumstances. It is recognised that contacts of a case of Tuberculosis are five times more susceptible to the disease than persons who are not contacts. Investigations in one London Borough proved that the spread of Tuberculosis to other members of the family took place in one house in every eight in good houses, but in respect of bad houses, the spread occurred in one house in every five!

The problems of Local Housing Authorities are many and they are faced with great difficulties in the allocation of tenancies of the limited number of properties available. Every applicant for a municipal house only naturally does his best to make his case as forceful as possible and the Housing Committees with their staff have no easy task in sorting out the cases which are genuinely urgent and needy. It has been stated that the housing shortage, even with the production of 250,000 houses annually, will not be eliminated until 1972, and even then the Utopia in housing will be far from reached. The gap between supply and demand is likely, therefore, to go on for a very long time and a long-term policy must influence Committees in their selection of tenants in relation to individual need.

When the re-housing of a tuberculous family arises careful assessment is necessarily exercised, together with other factors which perforce must be taken into consideration. Many authorities give complete priority to Tuberculous cases with some allocating a tenth of all available tenancies according to the prevailing need. Where there are three or four young children exposed to an infected mother or father in poor housing accommodation, it would seem good economy, in the widest sense, to provide them with a Council House of suitable size or such alternative accommodation as might be available which would permit the patient to be segregated from his family. Mental well-being is a substantial aid to medical therapy in Tuberculosis and with good housing there is every possibility that the patient's response to treatment will be 100 per cent. and that offspring will be spared from contracting the disease.

The South-East Essex Tuberculosis Care Association, a voluntary body subsidised by the Essex County Council as Local Health Authority, is doing very good work among persons in these Districts who are suffering from Tuberculosis and who may stand in need of assistance.

Mass Radiography played an important part in the detection of Tuberculosis in these districts during 1951. Between February and April the Mobile Unit based at Broomfield Hospital, Chelmsford, visited the area. For its first visit, the unit was located at the Essex County Council Health Services Clinic, London Road, Hadleigh, then secondly at the Rayleigh Secondary School, Hockley Road, Rayleigh, and finally at the Health Services Clinic, Furtherwick Road, Canvey Island. The percentage of the population who responded to this facility was as follows :—

Rayleigh 12.1 per cent. or 1,125 attending.
Canvey Island .. 10.68 per cent. or 1,152 attending.
*Hadleigh 5.56 per cent. or 1,097 attending.

*Based on the population for the whole Benfleet Urban District.

As individuals were free to present themselves for X-ray irrespective of their place of residence, the above percentage rates can only be taken as a rough guide. It was quite likely that residents from South Benfleet attended the Unit at Canvey Island and Hockley residents attended sessions at Rayleigh. The following tables, kindly supplied by the Medical Director of the Mass Radiography Unit, give some idea of the work carried out by the Unit during its visit to these Districts :—

SUMMARY OF PERSONS ATTENDING MASS RADIOGRAPHY UNIT IN BENFLEET, CANVEY ISLAND AND RAYLEIGH DURING 1951
(excluding school children).

	Hadleigh			Canvey Island			Rayleigh			Grand Totals
	M	F	Total	M	F	Total	M	F	Total	
Number X-rayed on miniature film	435	512	947	409	683	1092	417	589	1006	3045
Number recalled for large film	14	12	26	14	24	38	6	8	14	78 (2.56%)
Number recalled for investigation	6	5	11	6	15	21	4	5	9	41 (1.34%)
Number referred to Chest Clinics	2	1	3	5	8	13	3	2	5	21 (0.68%)

SUMMARY OF SCHOOL CHILDREN ATTENDING MASS RADIOGRAPHY UNIT DURING 1951.

	Benfleet Secondary			Canvey Island Secondary			Rayleigh Secondary			Grand Totals
	M	F	Total	M	F	Total	M	F	Total	
Number X-rayed on miniature film	78	72	150	37	23	60	51	68	119	329
Number recalled for large film	1	—	1	2	—	2	2	—	2	5 (1.52%)
Number recalled for investigation	—	—	—	2	—	2	1	—	1	3 (0.91%)
Number referred to Chest Clinics	—	—	—	2	—	2	1	—	1	3

NUMBER OF CASES OF PULMONARY TUBERCULOSIS RESULTING FROM SURVEY BY MASS RADIOGRAPHY UNIT DURING 1951

(excluding school children).

	Males						Females						Grand Totals
	15–24	25–34	35–44	45–59	60 +	Total	15–24	25–34	35–44	45–59	60 +	Total	
Active Post-primary Unilateral	—	1	1	—	1	3	—	—	1	—	—	1	4 } 0.23 %
Active Post-primary Bilateral	—	—	—	1	1	2	—	—	—	1	—	1	3 }
Inactive Post-primary	1	2	9	3	2	17	1	6	7	7	4	25	42

Note : The Medical Director of the Mass Radiography Unit reported that the figure 0.23 per cent. of active cases found was approximately the average found by other Units throughout the Country.

SUMMARY OF CASES ADDED TO TUBERCULOSIS REGISTERS DURING 1951.

	Respiratory		Non-Respiratory		Totals
	Male	Female	Male	Female	
Benfleet U.D.					
Notifications ..	11	3	—	—	14
Inward transfers, etc.	8	3	—	1	12
Canvey Island U.D.					
Notifications ..	7	5	1	—	13
Inward transfers, etc.	4	3	1	—	8
Rayleigh U.D.					
Notifications ..	7	4	3	1	15
Inward transfers, etc.	3	2	—	—	5

SUMMARY OF CASES APPEARING ON TUBERCULOSIS REGISTERS AT 31st DECEMBER, 1951.

Classification	Under 15 years		15–25 years		25–35 years		35–45 years		45–55 years		55 years and over		Totals	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F
Benfleet U.D.														
Pulmonary ..	5	2	10	13	12	11	11	9	4	8	12	4	54	47
Non-Pulmonary..	1	2	—	3	1	1	—	1	2	1	1	—	5	8
Totals ..	6	4	10	16	13	12	11	10	6	9	13	4	59	55
Canvey Island U.D.														
Pulmonary ..	—	1	5	12	15	14	10	6	5	2	7	5	42	40
Non-Pulmonary..	2	2	2	1	3	1	—	—	1	—	—	—	8	4
Totals ..	2	3	7	13	18	15	10	6	6	2	7	5	50	44
Rayleigh U.D.														
Pulmonary ..	4	1	1	5	9	2	5	7	7	4	5	4	31	23
Non-Pulmonary..	4	—	2	3	—	—	1	—	—	1	—	1	7	5
Totals ..	8	1	3	8	9	2	6	7	7	5	5	5	38	28

SUMMARY OF DEATHS FROM TUBERCULOSIS.

	Respiratory		Non-Respiratory		Totals
	Male	Female	Male	Female	
Benfleet U.D.					
1947	6	2	—	—	8
1948	8	7	1	—	16
1949	8	3	—	—	11
1950	1	4	—	—	5
1951	7	1	—	—	8
Totals ..	30	17	1	—	48
Canvey Island U.D.					
1947	1	3	1	—	5
1948	5	1	1	1	8
1949	—	3	1	—	4
1950	1	1	—	1	3
1951	1	3	—	—	4
Totals ..	8	11	3	2	24
Rayleigh U.D.					
1947	3	2	1	—	6
1948	—	2	—	—	2
1949	3	1	1	—	5
1950	3	2	—	—	5
1951	2	—	—	—	2
Totals ..	11	7	2	—	20

CANCER.

The following table, based on the Quarterly Returns of the Registrar General, gives the number of deaths from malignant disease in England and Wales during each of the years 1947 to 1951 :—

Year	Lungs, Bronchus	Other	General Totals
1947	—	—	M 38,943 } 77,850 F 38,907 }
1948	—	—	M 40,131 } 79,528 F 39,397 }
1949	M 9,350 F 1,942	M 31,496 F 37,944	M 40,846 } 80,732 F 39,886 }
1950	M 10,248 F 1,984	M 31,885 F 38,604	M 42,133 } 82,721 F 40,588 }
1951	M 11,155 F 2,078	M 32,001 F 38,107	M 43,156 } 83,341 F 40,185 }

The Private Secretary to the Minister of Health, Miss Margaret Patricia Hornsby-Smith, M.P., is reported in Hansard as saying that there were 16.71 per cent. of all deaths that were due to Cancer during 1950 as against 11.96 per cent. in 1931. Based on the above-mentioned figures of the Registrar-General, the percentage of all deaths attributed to Cancer for 1951 is 15.2. This reduction may be associated with the fact that the death rate for 1951 was up by 0.9 per cent. on the 1950 figure or by over 38,000 deaths. Undoubtedly the Influenza Epidemic at the beginning of the year was responsible for the higher number of deaths and thereby reduced the percentage of Cancer deaths. It should be noted that the rise in Cancer deaths is more noticeable among men than women, and it would appear that Cancer of the Lung and Bronchus is directly associated with this rise in cancer mortality among men. This form of Cancer now accounts for a little over 1 in every 6 Cancer deaths.

Turning to the local position, there were 90 deaths from Cancer in these three Districts during 1951 out of a total of 591 deaths for the year. This was just 2 more than last year, and it is interesting to note that the percentage of deaths from Cancer continues to keep in line with the percentage for the Country generally, e.g. 15.2 per cent., the higher death rate again being responsible for the lower percentage.

The 90 deaths from Cancer in these Districts are classified according to specific sites as follows :—

	Benfleet	Canvey Island	Rayleigh
Stomach	6	5	2
Lungs and Bronchus	8	6	2
Breast	3	1	1
Uterus	2	1	3
Other	24	16	10

The following deaths from Cancer in persons under 50 years of age were recorded :—

Benfleet	Canvey Island	Rayleigh
Male 38 yrs.—Stomach	Female 41 yrs.—Uterus	Female 48 yrs.—Intestine
Female 45 yrs.—Breast		
Female 45 yrs.—Breast		
Male 47 yrs.—Liver		
Female 48 yrs.—Bronchus		

ACCIDENTS.

Loss of life by aeeident is a major eause of mortality, espeeially among the younger seetion of the community, and is a problem whieh ealls for co-operation by all interested in the promotion of health and the welfare of mankind. During 1949, the latest year for whieh eomplete statisties are available, over 1,300 people of all ages met a premature death by aeeident *every month* and the number rendered temporarily and permanently disabled was many times more. Moreover, it has been estimated that for every person killed in other than road aeeidents, there are six who sustain permanent disabilities and 100 who are temporarily disabled.

Deaths from aeeidents in the home, in industry and in other spheres of life more than double those killed on the roads, and whilst we shall never fully overeome human weakness—the laek of proper safeguards and eare in the home and fallibility of judgment and earelessness on the roads, in industry and elsewhere—we must develop a eonseiousness in the matter and thereby through every eoneeivable means reduee the amount of sadness and misery whieh every aeeident earries in its wake. It is authoritatively stated that the number of deaths from air raids in this Country during the whole six years of the 1939–45 War was 60,585, whereas in the six years following the war there were over 94,000 deaths from aeeidents of one kind or another (29,500 on the roads and 64,800 in homes, industry and through miseellaneous eauses). This eomparison should eause us all to think very seriously and for that thinking to develop into preventive aetion.

Home Accidents.

A survey earried out in one area during 1950 indieated that 38 per eent. of all home aeeidents eovered by the survey were ehildren under 14 years of age and 44 per eent. were women and girls over that age. As may be expeeted, owing to most of their time being spent away from home, men and boys were affeeted only to the extent of 18 per eent. Of the way in whieh aeeidents oeeur, it was aseertained that 42 per eent. were due to patients falling—mostly young ehildren and old folk, 36 per eent. to eollision with household objeets, 13 per eent. to burns and sealds and 9 per eent. to miseellaneous eauses. Both meehanieal and human faetors seem to have eontributed to these aeeidents. Several falls were attributed to the strueture of stairs, others to poor lighting and others to the eondition of footwear—bad repair, too big, slippery soles and unduly high heels in women. Misuse of furniture, e.g. standing on arms of ehairs and the edge of tables also eonstituted a major group of aeeidents. Age and physieal frailty were generally responsible for the fall in the elderly people eovered by the survey.

In 1946, for every 70 men, women and ehildren killed on the roads of England and Wales, 100 were killed as a result of aeeidents in and around their homes. Of all fatal aeeidents under this heading, it is reliably estimated that 20 per eent. are under 5 years of age and that for all ehildren under 15 years of age the proportion is 23 per eent. Elderly persons over 65 years of age aeeount for 61 per eent. of fatalities in the home.

Road Accidents.

The serious aspect of road aeeidents is that those affeeted are usually the younger and more productive seetion of the eommunity. Whilst earelessness and eauses unavoidable will always remain with us, every effort must be made to keep the loss of life and disablement through injury to an absolute minimum.

In Essex there was a total of 9,615 accidents during 1951, representing an increase of 10.58 per cent. on the 1950 figure and 35.75 per cent. on the figure for 1949. The casualties resulting from these accidents are grimly contained in the following figures :—123 killed, 1,638 seriously injured and 3,059 slightly injured. Since 1949 casualties on Essex roads have increased by 33 per cent. as compared with an increase of 22 per cent. for the Country generally. For every 10 people killed, 4 occurred in built-up areas and 6 in non-built-up areas. There were also more people seriously injured in the country areas than in the towns, but as regards those slightly injured the towns claimed the highest number. This apportionment between town and country is very suggestive that speed is the real cause for the seriousness of most accidents. Of the 3,825 fatal and injury accidents recorded in the County during 1951, 1,554 were attributed to drivers, 890 to pedal cyclists, 682 to pedestrians, 570 to motor cyclists and 129 to animals.

With regard to these Districts, it will be observed from the tables that the total number of road casualties increased by over 34 per cent. between 1949 and 1951, e.g. a similar increased incidence as prevailing throughout the County of Essex. Happily the number of deaths has kept down although the number of persons seriously injured rose by 60 per cent. in 1950. Those slightly injured rose by 28 per cent. in the three-year period. Casualties associated with motor cyclists accounted for one death, 26 seriously injured and 47 slightly injured. Thus out of a total of 274 casualties on the roads in these Districts during 1951, 26 per cent. were associated with motor cycles, and no doubt all of the young wage-earning type.

Motor Cycling has long been a serious hazard to young men and in 1949 in England and Wales 10 per cent. of all deaths of men aged 20–24 years were due to motor cycle accidents. A recent Committee on Road Safety set up by the Ministry of Transport has just published its report, from which it is learned that 42,680 motor cyclists and their passengers were either killed or injured in 1951. Approximately one motor cycle in every 20 licenced was involved in accidents. The report summarises police opinion for the causes of these accidents—15 per cent. were due to skidding, 12 per cent. for misjudging clearance, 11 per cent. for excessive speeds, 11 per cent. for improper overtaking and 15 per cent. for lack of care at junctions and other aspects of inattention.

SUMMARY OF PERSONS KILLED OR INJURED IN GREAT BRITAIN.

	1946	1947	1948	1949	1950	1951
Road Accidents—						
Deaths	5,062	4,881	4,513	4,773	5,012	5,250
Serious Injuries	36,588	35,697	33,067	43,410	48,652	52,369
Slight Injuries	120,896	125,621	115,817	128,596	147,661	158,874
**Other Accidents—*						
Deaths	11,277	10,555	10,919	11,110	†	†

†Figures not yet readily available.

*There is no record made of injuries under this heading.

SUMMARY OF FATAL ACCIDENTS IN GREAT BRITAIN DURING 1949.

Type of Accident	Number of Deaths
Road	4,773
Railway	441
Water Transport	162
Air Transport	125
Mines and Quarries	515
Farming and Forestry	170
Factories	772
Home	6,453
Drowning	1,240
Miscellaneous	1,232

Note : I am indebted to the Statistical Officer of The Royal Society for the Prevention of Accidents for much of the information contained under this heading.

SUMMARY OF PERSONS KILLED OR INJURED IN ROAD ACCIDENTS DURING 1951.

Group of Road User	Killed	Seriously Injured	Slightly Injured
Benfleet U.D.			
Pedestrians under 15 years	—	2	6
Pedestrians 15 years and over	1	7	7
Drivers	—	3	7
Motor Cyclists	1	7	17
Pillion Passengers	—	—	8
Pedal Cyclists under 15 years	—	3	7
Pedal Cyclists 15 years and over	1	6	14
Other Persons	—	5	21
Totals	3	33	87
Canvey Island U.D.			
Pedestrians under 15 years	—	1	8
Pedestrians 15 years and over	1	5	4
Drivers	—	—	4
Motor Cyclists	—	4	2
Pillion Passengers	—	1	—
Pedal Cyclists under 15 years	—	1	1
Pedal Cyclists 15 years and over	—	4	3
Other Persons	—	3	7
Totals	1	19	29

Group of Road User	Killed	Seriously Injured	Slightly Injured
Rayleigh U.D.			
Pedestrians under 15 years	—	1	3
Pedestrians 15 years and over	—	8	7
Drivers	—	2	8
Motor Cyclists	—	11	13
Pillion Passengers	—	3	7
Pedal Cyclists under 15 years	—	1	3
Pedal Cyclists 15 years and over	—	2	11
Other Persons	1	2	19
Totals	1	30	71
Totals for three Districts, 1951	5	82	187
Totals for three Districts, 1950	4	83	147
Totals for three Districts, 1949	6	52	146

NUMBER OF ROAD ACCIDENTS OCCURRING IN THE BENFLEET, CANVEY ISLAND AND RAYLEIGH URBAN DISTRICTS DURING 1951.

Class of Accident	Benfleet	Canvey Island	Rayleigh
Fatal	3	1	1
Injury	95	39	78
Non-Injury	145	77	109
Totals	243	117	188

PEST CONTROL.

Brown-tail moth and Mosquito control were maintained at Canvey Island throughout the year. In respect of the latter, watercourses were treated experimentally with D.D.T. in Kerosene and Buoyant D.D.T. in the more populated areas. Limited success was achieved, but further efforts are being made in this matter.

RAINFALL.

Details of the rainfall during the year have been provided by the Southend Waterworks Company in respect of the records maintained at the Thundersley Reservoirs, and by the Engineer and Surveyor of the Canvey Island Urban District Council in respect of that area.

The Thundersley record shows that rain fell on 177 days during the year, the wettest months being February with 4.80 inches and November with 3.44 inches. The driest months were October with 0.69 inches and June with 0.89 inches. A total rainfall of 28.27 inches was recorded.

At Canvey Island, the wettest months were February with 4.76 inches and August with 3.42 inches. The driest were October with 0.57 inches and June with 1.05 inches. The total rainfall was 27.25 inches.

The rainfall for 1951 as compared with 1950 was greater by 6 to 7 inches.

WELFARE OF THE AGED.

Reference has already been made in this Report to the problem of the aged in these areas.

During 1951 no action was taken under Section 47 of the National Assistance Act, 1948, for the compulsory removal of elderly people in need of care and attention to institutions and hostels provided by the Welfare Authority, although one case was under consideration at the end of the year and action was taken early in 1952. The introduction of the National Assistance (Amendment) Act, 1951, as from the 1st September, 1951, should prove a great help in the procedure for dealing with the difficult cases which come within the scope of this legislation, although it is questionable as to whether compulsory removal is a reasonable and humane measure in all cases. This amending Act removed the necessity of giving 7 clear days' notice when taking the matter before a court of summary jurisdiction.

The following details are given relating to some of the cases which were brought to the notice of the Department during the year. Eight cases were removed, with consent, to hospitals or institutions in the area. All were over 80 years of age apart from one who was 74. Three of these cases came from Benfleet, two from Canvey Island and three from Rayleigh.

The borderline between sickness and health, in relation to the aged, has become a frontier over which it is most difficult to pass. So often a person is too fit for a hospital and yet not fit enough for an institution. Institutions have to ensure that cases for admission are continent and able to wash and dress themselves. On the other hand, the demand for hospital accommodation is so great, and the staffing problem so acute, that it is unreasonable for an old chronic case to be admitted and thereby block a bed, perhaps for many months, when urgent acute cases are waiting. Furthermore, usually, old chronic cases only require nursing attention. There is a great need for a revision of national policy to cater for the needs of these go-between cases.

Apart from the type of case mentioned in the previous paragraph, there is a great need for further accommodation for the general type of old person who is in need of institutional accommodation, and it is a matter of regret that very little progress has been made during the year to remedy the position or give some relief to the problem. Once again, it is worth reiterating that the matter should have the urgent consideration of the Welfare Authority.

Of course, there are real difficulties which have stood in the way and made progress well nigh impossible. The Area Welfare Officer of the Essex County Council advises me that during the year one property at Canvey Island and one at Thundersley were investigated with a view to acquisition and adaptation, but in both cases they were found to be unsuitable. There is a government restriction on the erection of new buildings for hostel purposes and all the time suitable premises are not forthcoming for adaptation, little can be done. Buildings with 10–12 bedrooms and capable of accommodating 20 to 30 persons are needed. Information regarding possible suitable properties becoming available should be sent to my office for reference to the appropriate quarter. The nearest properties recently acquired for hostel accommodation are at Brentwood and Woodham Ferrers. The latter is almost

ready for use, but many months are likely to elapse before the premises at Brentwood are adapted.

Another factor which has worsened the position locally is that on the 31st March, 1951, the user agreement for 75 beds at Connaught House, Rochford, terminated and could not be renewed on account of the fact that the Southend Corporation required those beds for their own needs. Therefore no patients have been admitted to Connaught House since that date from the County area.

For information, the Area Welfare Officer has advised me that there were 58 persons from these three districts resident in hostel and institutional accommodation under Part III of the National Assistance Act at the 31st December, 1951.

——————oo——————

" Enough, if something from our hands have power
To live, and act, and serve the future hour ".—(*Wordsworth*)

COMPARATIVE TABLE OF INFECTIOUS DISEASE INCIDENCE 1947 to 1951.

Infectious Disease	1947	1948	1949	1950	1951
Benfleet U.D.					
Acute Pneumonia	6	7	12	7	4
Diphtheria	—	—	—	—	—
Erysipelas	8	6	5	6	4
Infectious Hepatitis	20	3	3	2	30
Measles	254	38	266	22	578
Meningococcal Infection	—	—	—	1	—
Poliomyelitis	1	—	1	1	1
Scarlet Fever	16	18	52	15	7
Whooping Cough	87	69	49	90	77
Canvey Island U.D.					
Acute Pneumonia	6	3	2	1	1
Diphtheria	—	1	—	—	—
Erysipelas	3	—	1	—	—
Infectious Hepatitis	8	2	7	6	—
Measles	31	137	61	18	97
Meningococcal Infection	—	1	—	1	—
Poliomyelitis	—	—	2	3	1
Scarlet Fever	1	—	1	1	2
Whooping Cough	2	1	2	17	13
Rayleigh U.D.					
Acute Pneumonia	5	3	3	15	7
Diphtheria	—	1	—	—	—
Erysipelas	13	6	6	11	5
Infectious Hepatitis	—	—	—	—	—
Measles	34	68	60	14	251
Meningococcal Infection	—	—	—	—	1
Poliomyelitis	—	1	2	—	—
Scarlet Fever	4	11	5	10	1
Whooping Cough	15	25	7	56	35

DEATHS FROM INFECTIOUS DISEASES REPORTED IN ENGLAND AND WALES DURING THE LAST FIVE YEARS.

Infectious Disease	1947	1948	1949	1950	1951
Diphtheria	245	156	85	49	34
Dysentery	81	62	40	66	74
*Influenza	3,309	1,240	5,664	3,896	16,123
Measles	645	327	308	221	317
Meningococcal Infection	534	300	288	279	299
Poliomyelitis	707	241	657	755	215
Scarlet Fever	42	37	20	93	65
Tuberculosis	23,550	21,983	19,833	15,968	13,800
Whooping Cough	905	748	527	393	457

*This is not a notifiable disease

CLASSIFIED SUMMARY OF ALL INFECTIOUS DISEASES (OTHER THAN TUBERCULOSIS) NOTIFIED DURING THE YEAR 1951.

BENFLEET URBAN DISTRICT.

Notifiable Disease	*Cases included in Weekly Returns*													*Admitted to Hospital*	*Deaths*	*Distribution*			*Sex*	
	At Ages																			
	At all ages	0 to 1	1 to 2	2 to 3	3 to 4	4 to 5	5 to 10	10 to 15	15 to 20	20 to 35	35 to 45	45 to 65	65 and over			*Hadleigh*	*Sth Benfleet*	*Thundersley*	*M.*	*F.*
Acute Pneumonia	4	—	—	—	—	—	—	1	—	—	1	2	—	—	—	2	1	1	2	2
Diphtheria ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Erysipelas ..	4	—	—	—	—	—	—	—	—	—	1	3	—	—	—	3	—	1	3	1
Infectious Hepatitis	30	—	—	—	—	—	19	4	1	4	2	—	—	—	—	24	1	5	15	15
Measles	578	14	40	69	72	89	274	7	5	7	—	1	—	3	—	127	266	185	318	260
Poliomyelitis ..	1	—	—	—	—	—	1	—	—	—	—	—	—	1	—	—	—	1	1	
Scarlet Fever ..	7	—	—	1	1	—	5	—	—	—	—	—	—	4	—	2	3	2	4	3
Whooping Cough	77	5	6	13	12	11	25	1	1	2	—	1	—	2	—	34	20	23	34	43

CLASSIFIED SUMMARY OF ALL INFECTIOUS DISEASES (OTHER THAN TUBERCULOSIS) NOTIFIED DURING THE YEAR 1951.

CANVEY ISLAND URBAN DISTRICT.

Notifiable Disease	*Cases included in Weekly Returns*													*Admitted to Hospital*	*Deaths*	*Sex*	
	At Ages																
	At all ages	0 to 1	1 to 2	2 to 3	3 to 4	4 to 5	5 to 10	10 to 15	15 to 20	20 to 35	35 to 45	45 to 65	65 and over			*M.*	*F.*
Acute Pneumonia	1	—	—	1	—	—	—	—	—	—	—	—	—	—	—	1	—
Diphtheria	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Measles	97	2	12	12	17	8	45	1	—	—	—	—	—	1	—	43	54
Poliomyelitis	1	—	—	—	—	—	—	—	1	—	—	—	—	1	—	—	1
Scarlet Fever	2	—	—	—	—	—	2	—	—	—	—	—	—	—	—	1	1
Whooping Cough	13	1	—	1	3	4	4	—	—	—	—	—	—	1	—	6	7

CLASSIFIED SUMMARY OF ALL INFECTIOUS DISEASES (OTHER THAN TUBERCULOSIS) NOTIFIED DURING THE YEAR 1951.

RAYLEIGH URBAN DISTRICT.

Notifiable Disease	*Cases included in Weekly Returns*															*Sex*	
	At Ages													*Admitted to Hospital*	*Deaths*		
	At all ages	0 to 1	1 to 2	2 to 3	3 to 4	4 to 5	5 to 10	10 to 15	15 to 20	20 to 35	35 to 45	45 to 65	65 and over			*M.*	*F.*
Acute Pneumonia	7	—	—	1	—	—	—	—	—	1	3	2	—	1	—	3	4
Diphtheria	(1)	—	—	—	—	—	(1)	—	—	—	—	—	—	(1)	—	—	(1)
Erysipelas	5	—	—	—	—	—	—	—	—	1	—	4	—	—	—	1	4
Measles	251	9	18	33	34	36	110	6	1	4	—	—	—	1	—	140	111
Meningococcal Infection ..	1	—	—	—	—	—	—	—	—	1	—	—	—	1	—	1	—
Poliomyelitis	(1)	—	—	—	—	—	(1)	—	—	—	—	—	—	(1)	—	(1)	—
Puerperal Pyrexia	1	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	1
Scarlet Fever	1	—	1	—	—	—	—	—	—	—	—	—	—	1	—	1	—
Whooping Cough	35	—	6	7	5	6	9	—	1	1	—	—	—	—	—	20	15

N.B.—The figures in parenthesis indicate those cases where the diagnosis was corrected.

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